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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEVADA

Barbara J. Suter, Horace Burl Suter, Jr.,
Rachael J. Suter,

Plaintiffs,

v.

Neal G. Cury, Jr., Hospital Corporation of
America, Columbia-HCA, Inc., Thomas
A. Frist, Jr., Edward Stack, James Don,
Health Acquisition Services, Inc.,
Nevada Psychiatric Company, Inc.,
Doe Doctors I - XX, DOES I - X,

Defendants.

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DISTRICT OF NEVADA

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DISTRICT OF NEVADA
FILED

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CLERK, U.S. DISTRICT COURT
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Case No.: CV-N-99-00286 DWH (RAM)

**Plaintiffs' Motion for *Crateo* Indication
to Consider Motion for Relief from
Order and to Re-Open Case File**

Plaintiffs, by and through their attorney of record, Kevin J. Mirch, Esq., hereby moves this Court to entertain the following motion for relief from its Order dated August 28, 2000 and to re-open the case file, based on the fact that Plaintiffs have recently acquired new evidence in which the Defendant, HCA admits to the improper conduct alleged by the Plaintiffs in the underlying action. This Motion is made pursuant to FRCP 60, the following points and authorities, exhibits, and pleadings on file herein.

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///

Motion for *Crateo* Indication

66.

I

FACTS

a. Introduction

This action arises from the improper conduct of the Defendants whom had devised and participated in a scheme to defraud various courts throughout the United States; defame and destroy whistle blowers and/or plaintiffs that had filed actions against them; and to use political influence to illegally obviate the legal system. In response to this conduct, on May 26, 1999, Plaintiffs commenced this action by filing a Complaint in the United States District Court, District of Nevada. This Complaint was stricken by Judge David Hagen in a sua sponte Order on July 9, 1999. Thereafter, Plaintiffs filed a First Amended Complaint on August 9, 1999, which alleged the following five causes of action: (1) breach of settlement agreement; (2) civil rights; (3) conspiracy to commit fraud; (4) litigation fraud; and (5) declaratory judgment and injunction against enforcement of statute- Constitutional violations.

All of the Defendants, with the exception of James Don, who was never served in the action, filed motions to dismiss the First Amended Complaint. On August 28, 2000, the District Court filed an Order which granted all of the eight motions to dismiss, and instructed the District Court Clerk to administratively close the case. On September 27, 200, Plaintiffs appealed this Order to the United States Court of Appeals for the Ninth Circuit. The appeal is presently pending before the Ninth Circuit Court.

b. Plaintiffs have recently discovered new evidence which warrants relief from the District Court's Order.

In the First Amended Complaint, the Plaintiffs alleged that HCA devised and implemented a scheme, throughout the United States, to deprive the Suters, as well as other Plaintiffs in other jurisdictions, of their civil rights. (*Complaint at ¶98*). The scheme was simple. First, knowingly false information was used in litigations brought throughout the United States against HCA (and its related entities) solely to circumvent the legal rights of thousands of United States Citizens. (*Complaint at ¶99*). Other illegal State Action was solicited and received from legislators and

Motion for Crateo Indication

jurists, and solely to improperly affect the judicial process. (*Complaint at ¶100*). Hundreds of other actions have been illegally affected in other jurisdictions as part of an overt scheme to defraud patients, their parents, and insurance companies, and plaintiffs. (*Complaint at ¶101*).

Now, following the dismissal of this action, and while the appeal is pending, the Plaintiffs have obtained new evidence that confirms that HCA (and/or its related entities) used these illegal means in order to hide medical malpractice caused by medical business fraud. Because of this conduct, there have been recent convictions of high level HCA employees and several States and Federal law enforcement agencies have ongoing investigations or litigation against HCA. *Exhibit A; Affidavit of Barbara Suter*. In fact, HCA recently signed a settlement wherein they admitted to the wrongdoing alleged by the Suters' in the present action:

2. Beginning in May 1991, the DEFENDANT willfully and knowingly entered into an agreement with some of its employees to defraud the United States, and to commit offenses against the United States, and to commit offenses against the United States in violation of Title 18, United States Code Section 1001, by hiring certain employees, and then directing these employees to increase payments from the Programs by submitting inflated claims for payment to the United States for patients in federal health benefit programs. These claims would falsely state the patients' true diagnoses and overstate the severity of the patients' illnesses. In or about December 1996, the DEFENDANT, acting through its employees, terminated this agreement and conspiracy by directing and training its employees to stop inflating claims to the Programs.
3. When entering into this agreement, DEFENDANT and its co-conspirators knew that the purpose and goal of the agreement and understanding was to fraudulently receive money from the Programs by submitting inflated claims, and deliberately entered into this agreement intending to accomplish the goal and purpose by common plan and joint action.
4. In furtherance of this agreement, the DEFENDANT, acting through and in concert with its employees, committed at least one overt act, including:
 - A. DEFENDANT'S employees trained other employees to engage in coding practices with resulted in the submission of inflated claims to the programs. On or about April 25, 1996, two of DEFENDANT'S employees, employed as coding specialists, presented a seminar to DEFENDANT's Mid-America Group employees in Nashville, Tennessee wherein they instructed the employees to assign diagnoses which were not documented by the doctor but were instead based on medical record information other than doctors' documentation. The Programs' rules and regulations require that hospitals submit claims to the Programs based on diagnoses determined by the doctor.
 - B. DEFENDANT'S employees distributed "Focus" lists which identified

diagnoses, including pneumonia, which were susceptible to being inflated, and then pressured its employees to fraudulently inflate claims to the Programs with these diagnoses. On or about March 24, 1993, the DEFENDANT, acting through a regional Assistant Vice President, issued a memorandum which instructed hospital Chief Executive Officers in a region that included the states of Texas, Oklahoma and elsewhere to inflate claims to the Programs for patients diagnosed with pneumonia, a diagnosis on the "Focus" lists.

...

F. For employees who failed to meet targets and goals, DEFENDANT'S employees would threaten to fire or discipline with counseling, reprimands, poor performance evaluations, and public admonishments. On or about March 5, 1996, an employee chastised other employees at a hospital in Illinois for not meeting coding targets and goals.

See Exhibit B:17-20, Joint Stipulation of facts in support of Plea Agreement, In the United States District Court for the Middle District of Tennessee, Case No. 3:00-00206, 1-3.

During December of 2000, HCA entered into a civil and administrative settlement agreement which provided in pertinent part as follows:

A. HCA is a Delaware corporation that through its predecessors and/or its subsidiaries and affiliates operates or has operated over 400 hospitals, over 500 home health agencies, and numerous ancillary health care facilities in at least thirty states.

...

(2) DRG Upcoding

From January 7, 1990 through December 31, 1997, HCA hospitals identified in **Attachment 2**¹ to this agreement "**upcoded**" claims to the government health care programs for inpatient hospital admissions by assigning diagnosis codes that were not supported by physician documentation in the patients' medical records for the purpose of improperly increasing reimbursement on inpatient claims submitted for the following Diagnosis Related Groups (DRGs): 076, 079, 087, 121, 124, 132, 138, 316, 416 and 475; and the complication and comorbidity DRGs ("cc" DRGs) identified in Attachment 3 to this agreement.

...

F. The following States ("the States") contend that they have certain civil claims against HCA for the conduct specified in Paragraphs D(1) (oupatient laboratory), (2) (DRG upcoding) and (4) (home health billing) above: Alaska, Alabama, Arizona, Arkansas, California, Colorado, Florida, Georgia, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Main, Massachusetts, ississippi, Missouri, **Nevada**, New Hampshire, New

¹ Attachment 2 includes Truckee Meadows Hospital in Reno, Nevada, where Ms. Suter was treated.

Mexico, North Carolina, Ohio, Oklahoma, Oregon, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wyoming. HCA and the States will execute separate settlement agreements regarding these claims in exchange for payment specified in Paragraph 1 (b) below. *[emphasis]*.

See Exhibit C, Settlement Agreement, pages 4, 5 and 7. Also, see Exhibit D, various informations, plea agreements and settlement agreements. The settlement agreement does provide that it does not constitute an admission of any party or any liability of wrongful conduct. This Court should excersize its discretion to allow the settlement agreement as impeachment evidence of HCA's contention that it was not operating a nationwide conspiracy to defraud not only the United States, but separate states and citizen plaintiffs. *See FRE 607*. The plea agreements are admission under *FRE 801(d)(2)* of wrongful conduct in a number of jurisdictions and when read in conjunction with the settlement agreement, it is clear that HCA has not been candid with this Court. Instead, it has perpetuated litigation fraud for several years against the Plaintiffs to this action and other related actions.

c. In light of new evidence, the Court should be willing to entertain a FRCP 60(b) motion

As indicated above, since the underlying action was dismissed by this Court, the Plaintiffs have discovered new evidence in which HCA admits to the conduct alleged in the First Amended Complaint. Plaintiffs acknowledge that because of the pending appeal, the District Court had no jurisdiction to enter an order under Rule 60(b). However, the District Court is permitted to make a "Crateo Indication" concerning its willingness to "entertain" such a motion or indicate that it would grant such a motion. *Crateo, Inc. v. Intermark, Inc.*, 536 F.2d 862, 869 (9th Cir.1976), *citing, Canadian Ingersoll-Rand Co. v. Peterson Products*, 350 F.2d 18, 27-28 (9th Cir. 1965). If Plaintiffs receive such an indication, they can then apply to the Ninth Circuit Court of appeals for a remand. *Id.* Plaintiffs respectfully request that the Court advise that it is willing to entertain the present Rule 60(b) motion, and that it would grant the motion.

d. Judgment in favor of the Defendants should be reversed as in light of the new evidence

The dismissal and judgment in favor of the Defendants in this action should be reversed in light of the new evidence obtained by the Plaintiffs in which the Defendant, HCA, admits to the

1 illegal and improper conduct which are the subject matter of the underlying action. Clearly, the
 2 Rooker-Feldman doctrine should not apply when no dispute exists between state and federal courts
 3 because an admission has been made in a criminal plea agreement. The Rooker-Feldman doctrine
 4 is intended to avoid contrary results. To apply that doctrine in this case, in light of the plea
 5 agreements, would create the conflict between the state and federal courts, thus obviating the purpose
 6 for the Rooker-Feldman doctrine. Since, HCA has admitted in its plea agreements to the conduct
 7 complained of by the Suters, they respectfully request that this Court reconsider its previous order
 8 dismissing this action.

9 II

10 POINTS AND AUTHORITIES

11 a. The District Court is permitted to indicate its willingness to entertain and to grant a 12 FRCP 60(b) motion despite the fact that a case is on appeal

13 The District Court lacks jurisdiction to consider a FRCP 60(b) motion when an action is on
 14 appeal. However, as mentioned above, the District Court is permitted to make a "Crateo Indication"
 15 concerning its willingness to "entertain" such a motion or indicate that it would grant such a motion,
 16 thus enabling the moving party to seek a remand from the appellate court. *Crateo, Inc. v. Intermark,*
 17 *Inc.*, 536 F.2d 862, 869 (9th Cir.1976), *citing*, *Canadian Ingersoll-Rand Co. v. Peterson Products,*
 18 *350 F.2d 18, 27-28 (9th Cir. 1965).*

19 Remand of a case to the district court for consideration of a Rule 60(b)(2) motion is
 20 appropriate, when there is newly discovered evidence. *Sea Hawk Foods, Inc. v. Exxon Corporation,*
 21 *206 F.3d 900 at 903 (9th Cir. 2000).* In this case, it is appropriate for the District Court to indicate
 22 its willingness to consider and grant Plaintiffs' Rule 60(b)(2) motion, because the new evidence
 23 recently discovered by the Plaintiffs undisputedly supports their allegations in this action.

24 b. The Court Should Vacate its Order of August 28, 2000:

25 A motion for reconsideration may be brought under either Fed. R. Civ. P. ("FRCP") 59 (e)
 26 or 60(b). *School Dist. No. 1J v. AC and S, Inc.*, 5 F.3d 1255, 1262 (9th Cir. 1993), cert. denied,
 27 *114 S. Ct. 2742 (1994).* Federal Rules of Civil Procedure Rule 60(b)(2) allows relief from a final

28 **Motion for Crateo Indication**

1 judgment where as in this case, there has been discovery of new evidence that was not previously
2 available.

3 Courts have established three grounds justifying reconsideration: (1) an intervening change
4 in controlling law; (2) the discovery of new evidence not previously available; and (3) the need to
5 correct clear or manifest error in law or fact, to prevent manifest injustice. *Carnell v. Grimm*, 872
6 F.Supp. 746, 758-759 (D. Hawaii 1994). In this case, the discovery of new evidence in which the
7 Defendants admit to the illegal and improper conduct warrants the Court's reconsideration of its
8 Order dismissing this action. Further, to prevent manifest injustice, the District must indicate its
9 willingness to vacate said order.

10 **b. The Judgment and Order are Based on Fraud of the Defendants**

11 In this case, in order to prevent manifest injustice, Plaintiff relies on Fed. R. Civ. Proc.
12 60(b)(2) and (3) and asserts that the Court should reconsider its Order and judgment because of the
13 discovery of new evidence which confirms the fraudulent conduct of the Defendants. FRCP 60 (b)
14 provides:

15 On motion and upon such terms as are just, the court may relieve a party . . . from a
16 final judgment, order, or proceeding for the following reasons: ... (2) newly
17 discovered evidence which by due diligence could not have been discovered in time
18 to move for a new trial under Rule 59(b); (3) fraud . . . , misrepresentation, or other
19 misconduct by an adverse party . . . ; or (6) any other reason justifying relief from the
operation of the judgment. The motion shall be made within a reasonable time, and
for reasons (1), (2), and (3) not more than one year after the judgment, order, or
proceeding was entered or taken. ...

20 Here there are errors in fact in that the Defendants offered false information in support fo
21 their motions to dismiss, and Plaintiffs have just recently obtained new evidence in which the
22 Defendants admit to their wrongdoing. Clearly, HCA has operated a scheme to defraud patients, the
23 United States, and States for financial gain. Nevada was one such state. Parallel with this scheme,
24 HCA conducted litigation fraud to cover up their nefarious conduct. The Suters have been deprived
25 of a fair adjudication of their claims. Reconsideration is proper to avoid manifest injustice.

26 **VI.**

27 **CONCLUSION**

28 **Motion for Crateo Indication**

1 The new evidence discovered by the Plaintiffs in this action overwhelmingly supports that
2 the order of dismissal be vacated by the District Court. Not only has the Defendant admitted to
3 illegal and improper conduct throughout the United States, said admission includes conduct at the
4 very hospital that is the subject of Plaintiffs' Complaint - i.e. Truckee Meadows Hospital. See
5 Exhibit C, Exhibit 2 to Civil and Administrative Settlement Agreement. This Court should
6 evaluate the new evidence submitted by the Plaintiffs in this action, and indicate that it is willing to
7 entertain, and grant, Plaintiffs' FRCP 60(b) motion. If the Court is inclined to grant the motion and
8 re-open the case, the Plaintiffs are then permitted to apply to the Ninth Circuit Court of Appeals for
9 a remand in order to reinstate jurisdiction of this Court to act in such a manner.

10 WHEREFORE, Plaintiff respectfully beseeches this Court to grant Plaintiffs' request for a
11 "Crateo Indication" and advise of its willingness to entertain, and grant the forgoing Motion for
12 Relief from Order and to Re-Open Case.

13 DATED this 9 day of March, 2001.

14
15 LAW OFFICE OF MIRCH & MIRCH

16
17 By Kevin Mirch
18 KEVIN MIRCH
19 Attorneys for Plaintiff
20
21
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23
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28

CERTIFICATE OF SERVICE

Pursuant to FRCP 5, I declare that I am an employee of Kevin J. Mirch, Esq., over the age of EIGHTEEN (18) and not a party to this action. In that capacity, I served by United States Mail, postage prepaid, a true and correct copy of the foregoing **Plaintiffs' Motion for *Crateo* Indication to Consider Motion for Relief from Order and to Re-Open Case File** upon the following individuals at the following addresses:

Christopher R. Hooper, Esq.
Allen Wilt, Esq.
LIONEL SAWYER & COLLINS
50 W Liberty Street, Ste #1100
Reno, NV 89501

DATED this 9 day of March, 2001.

Maue Mue

LAW OFFICE OF MIRCH & MIRCH
KEVIN J. MIRCH, ESQ.
SBN:000923
MARIE C. MIRCH, ESQ.
SBN: 6747
201 W. Liberty St.,Ste.201
Reno, NV 89501
Telephone: (775) 324-7444

Attorney for Plaintiff

IN THE UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA

RACHAEL J. SUTER, HORACE BURL
SUTER, JR., and BARBARA J. SUTER,

Appellants,

v.

Neal G. Cury, Jr., et al.

Supreme Court Case No. 29249

**Affidavit of Kevin J. Mirch Authenticating
Exhibits**

I, KEVIN J. MIRCH, after first being duly sworn, depose and say:

1. I am duly licensed to practice law in the State of Nevada and I am attorney of record for Plaintiff in the above-entitled matter.

2. I have personal knowledge of the facts stated herein, and could and would competently testify thereto, except as those matters stated upon information and belief, and as to those matters, I believe them to be true.

3. Exhibit A is a true and correct copy of an Affidavit Barbara Suter which was filed in Support of an Opposition to Motion to Dismiss in this action. Said document was prepared and maintained in this office during the normal course of business in this litigation.

4. Exhibit B is a true and correct copy of a Criminal Information filed in the United States District Court for the Middle District of Tennessee. This document was obtained from Patricia Sank

***Affidavit of Kevin J. Mirch
Authenticating Exhibits***

1 U.S. Dept Justice Criminal Division Washington, D.C. on February 28, 2001, and has been
2 maintained in this office during the normal course of business during this litigation.

3 5. Exhibit C is a true and correct copy of the Civil and Administrative Settlement Agreement
4 between HCA - The Healthcare Company, formally known as Columbia/HCA Healthcare
5 Corporation and the United States of America, Department of Justice. This document was obtained
6 from Patricia Sank U.S. Dept Justice Criminal Division Washington, D.C. on February 28, 2001, and
7 has been maintained in this office during the normal course of business during this litigation.

8 6. Exhibit D is a true and correct copy of the Plea Agreement in the case of United States
9 of America v. Colombia Homecare Group, Inc., and their parent, HCA. This document was obtained
10 from Patricia Sank U.S. Dept Justice Criminal Division Washington, D.C. on February 28, 2001, and
11 has been maintained in this office during the normal course of business during this litigation.

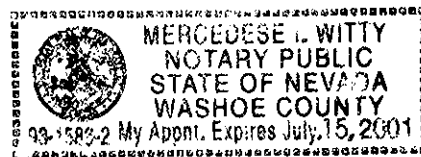
12 7. I declare under penalty of perjury under the laws of the State of Nevada that the
13 foregoing is true and correct.

14 DATED this 9th day of March, 2001.

15
16
17 
KEVIN J. MIRCH

18 SUBSCRIBED and SWORN to before me
19 this 9th day of March, 2001

20 by KEVIN J. MIRCH.



NOTARY PUBLIC in and for the
State of Nevada

1 KEVIN J. MIRCH, ESQ.
2 State Bar No. 000923
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6 Telephone: (775) 324-7444

7 Attorney for Plaintiff

8
9 IN THE UNITED STATES DISTRICT COURT
10 FOR THE DISTRICT OF NEVADA
11

12 Barbara J. Suter, Horace Burl Suter, Jr.,)
13 Rachael J. Suter,)

14 Plaintiffs,)

15 v.)

16 Neal G. Cury, Jr., Hospital Corporation of)
17 America, Columbia-HCA, Inc., Thomas)
18 A. Frist, Jr., Edward Stack, James Don,)
19 Health Acquisition Services, Inc.,)
20 Nevada Psychiatric Company, Inc.,)
21 Doe Doctors I - XX, DOES I - X,)

22 Defendants.)

Case No.: CV-N-99-00286 DWH (RAM)

23 AFFIDAVIT OF BARBARA J. SUTER

24 My name is Barbara J. Suter.

25 1. If called upon to testify, I have personal knowledge of the following facts and could
26 competently testify to the same as follows.

27 2. I have been involved in providing information to the United States Attorney's Office
28 concerning this case and understand that certain high level HCA officials have been found guilty of
felonies in the State of Florida. Currently, those convicted HCA Officials are negotiating a deal to
implicate other HCA officials.

3. I am informed that a number of other States and Federal Agencies are investigating HCA,
its previous and current officers for similar criminal conduct.

Opposition to Motion to Dismiss - Stack Page 1

EXHIBIT A

1 4. While Kevin Christensen was acting as the Director of the Office of Protection and
2 Advocacy he agreed to testify in my case. After the summer of 1993, I could not get a hold of Mr.
3 Christensen. I now understand that he was ill as a result of misconduct by these defendants and other
4 State of Nevada employees.

5 5. I was not aware of the political and judicial intervention that affected our substantive due
6 process rights and accordingly, has no opportunity to adjudicate those claims in State Court.

7 6. I was not aware of the improper political influence exerted not only against the Suters ^{USBJ}
8 and our witnesses during our case, but also the influence peddled by the Defendants to certain
9 political officials that directly impacted the care that our child received.

10 7. Kidview was a Reno project that Mr. Stack approved.

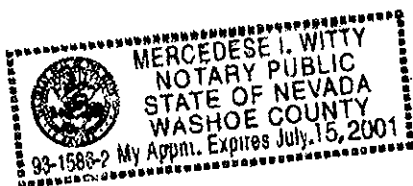
11 I hereby swear under penalty of perjury that the foregoing is true and correct to the best of
12 my knowledge and belief.

13 Dated this 9th day of November, 1999.

14
15 Barbara Suter
Barbara Suter

16 STATE OF NEVADA }
17 COUNTY OF WASHOE } ss.

18 On this 19th day of November, 1999,
19 personally appeared before me a notary
20 public, Barbara Suter, and executed the
21 foregoing affidavit.



IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE

UNITED STATES OF AMERICA)	
)	
v.)	Criminal Information
)	
COLUMBIA MANAGEMENT COMPANIES, INC.))	
Defendant.)	
)	

The United States charges:

COUNT ONE

INTRODUCTION

1. DEFENDANT COLUMBIA MANAGEMENT COMPANIES, INC. is a Delaware corporation formed on December 31, 1996. At all times relevant to this Information, DEFENDANT COLUMBIA MANAGEMENT COMPANIES, INC. maintained its principal place of business in Nashville, Tennessee and was a subsidiary of COLUMBIA/HCA, now known as HCA - The Healthcare Company.

2. DEFENDANT COLUMBIA MANAGEMENT COMPANIES, INC. is the successor in interest to certain unincorporated operating groups of COLUMBIA/HCA and its predecessors, including but not limited to the Mid-America Group, the Eastern Group, and the operating groups of Healthtrust, Inc., a hospital company acquired by COLUMBIA/HCA in 1994. DEFENDANT COLUMBIA MANAGEMENT COMPANIES, INC., its predecessors, and its subsidiaries (hereinafter collectively referred to as COLUMBIA MANAGEMENT COMPANIES) were in the business of operating and managing COLUMBIA/HCA's and its predecessor's hospitals and health care facilities.

3. The Department of Health and Human Services is an agency

of the United States which administers the Medicare and Medicaid programs. Medicare is a federally funded health insurance program covering inpatient and outpatient medical services for persons aged 65 or over who are entitled to retirement benefits and persons under age 65 who are entitled to benefits due to disability. Medicaid is a federally and state-funded health insurance program for indigent persons of any age.

4. The Department of Defense is an agency of the United States which administered the Civilian Health and Medical Program of the Uniformed Services ("CHAMPUS"). CHAMPUS was a federal health program which provided health and medical insurance benefits to retired members of the armed services and to dependents of both active duty and retired members of the armed services.

5. For patients who are treated in a hospital, the hospital submits claims for payment to the Medicare, Medicaid, or CHAMPUS programs (hereinafter "Programs") for the patients' treatment. For inpatient treatment, the Programs pay the hospital an amount which is based on the severity of the patients' illnesses. Generally, the Programs pay the hospitals more money when a doctor diagnoses a patient with a severe illness as compared to a less severe illness. For example, the Programs will pay the hospital more money for a patient with a complicated pneumonia as compared to a simple pneumonia.

6. A doctor may also diagnose patients with additional medical problems known as complications or comorbidities ("CC").

A patient with a CC is generally sicker and requires additional medical care. For example, a patient may have dehydration in addition to pneumonia. The Programs will pay the hospital more money when a patient has a CC.

7. The Programs use a disease classification system which assigns a numerical code ("diagnosis code") to each possible illness. Each diagnosis code is then classified (or "grouped") with diagnosis codes for similar illnesses into a Diagnoses Related Group (DRG). The Programs pay hospitals an amount which depends on the DRG. The Programs regularly publish the payment rates for each DRG.

8. The Programs' rules and regulations require: (1) that the doctor diagnose the patient's illnesses, (2) that if the doctor diagnoses more than one medical problem, the doctor determine which diagnosis is the "principal" diagnosis; (3) that the doctor write the diagnoses in the patient's medical record; and (4) that the hospital submit claims to the Programs based on the principal and all other diagnoses.

9. A hospital employee, known as a coder, translates the doctors' diagnoses into diagnosis codes. Generally, when assigning diagnosis codes, the coders will know the DRG for the diagnosis codes and the DRG's payment rate. The hospital lists the diagnosis codes, instead of the diagnoses, on the claim they submit to the Programs for the patient's treatment. The Programs then group the diagnosis codes to a DRG.

10. Until August 1995, the Programs required that hospitals

have doctors sign forms attesting that the diagnoses listed on claims submitted to the Programs were correct. These forms included each diagnosis and its corresponding diagnosis code, for example, "Gram negative pneumonia, 482.83." In August 1995, the Medicare Program no longer required that doctors sign a separate form, but required that doctors attest to patients' diagnoses by including the diagnoses in and signing the patients' medical records.

11. DEFENDANT COLUMBIA MANAGEMENT COMPANIES used supervisory coders at the Group and Division levels ("Group coders"), and, at times, hired outside coding consultants, to ensure that DEFENDANT COLUMBIA MANAGEMENT COMPANIES and others received maximum reimbursement from the Programs. These Group coders and coding consultants would issue coding policies and procedures, train coders, and direct the assignment of diagnosis codes to medical records.

12. From in or about May 1991 until in or about December 1996, the DEFENDANT,

COLUMBIA MANAGEMENT COMPANIES, INC.

did unlawfully, willfully and knowingly combine, conspire, and agree with other persons known and unknown to the United States to:

- A. Defraud the United States and agencies thereof, to wit, the Department of Health and Human Services and the Department of Defense, by impairing, impeding and obstructing by craft, trickery, deceit, and dishonest

means, their lawful and legitimate functions in administering federal health insurance plans, including the Medicare, Medicaid and CHAMPUS programs, and

- B. Commit offenses against the United States, that is, in a matter within the jurisdiction of agencies and departments of the United States, to wit, the Department of Health and Human Services and the Department of Defense, to knowingly and willfully make and use false writings and documents knowing the same to contain materially false, fictitious, and fraudulent statements and entries, in violation of Title 18, United States Code, Section 1001.

PURPOSE OF THE CONSPIRACY

13. The purpose of the conspiracy was for DEFENDANT COLUMBIA MANAGEMENT COMPANIES and others to fraudulently receive money from the Programs by submitting inflated claims which falsely stated the patients' true diagnoses and overstated the severity of the patients' illnesses.

MANNER AND MEANS

14. It was a part of the conspiracy that DEFENDANT COLUMBIA MANAGEMENT COMPANIES and others would submit false and fraudulent claims to the Programs by assigning incorrect and higher paying diagnosis codes which misrepresented the patients' true diagnoses and overstated the severity of the patients' illnesses. This practice is often referred to as "upcoding."

15. It was further a part of the conspiracy that DEFENDANT

COLUMBIA MANAGEMENT COMPANIES and others would train its employees, including hospital coders and hospital managers, to fraudulently upcode claims to the Programs.

16. It was further a part of the conspiracy that DEFENDANT COLUMBIA MANAGEMENT COMPANIES and others would distribute "Focus" lists which identified diagnoses, including pneumonia, which were susceptible to upcoding, and would then pressure its employees to fraudulently upcode claims to the Programs with these diagnoses.

17. It was further a part of the conspiracy that DEFENDANT COLUMBIA MANAGEMENT COMPANIES and others would set "targets" and "goals" which induced its hospitals to claim that a specified percentage (or greater) of its Program patients had high paying and severe illnesses, regardless of the patients' true illness. For example, DEFENDANT COLUMBIA MANAGEMENT COMPANIES and others would set a goal that hospitals should submit claims for pneumonia patients stating that 80% of pneumonia patients had a complicated pneumonia, even if these patients had a simple pneumonia.

18. It was further a part of the conspiracy that DEFENDANT COLUMBIA MANAGEMENT COMPANIES and others would set targets and goals which induced its hospitals to claim that a specified percentage (or greater) of its Program patients had a CC, regardless of whether the patients actually had a CC.

19. It was further a part of the conspiracy that DEFENDANT COLUMBIA MANAGEMENT COMPANIES and others would set these targets and goals in order to increase the amount of money it would

receive from the Programs. Because not enough patients had the serious illnesses and CCs needed to meet the targets and goals, DEFENDANT COLUMBIA MANAGEMENT COMPANIES and others well knew that these targets and goals could create incentives for coders to fraudulently upcode claims.

20. It was further a part of the conspiracy that DEFENDANT COLUMBIA MANAGEMENT COMPANIES and others would set revenue goals for each hospital and would financially reward and give bonuses to its management employees for meeting those goals. Group and Division management employees, including Chief Executive Officers, Chief Operating Officers and Chief Financial Officers, would then pressure the hospital coders to fraudulently upcode claims, in order to increase the hospital's income and meet revenue goals.

21. It was further a part of the conspiracy that DEFENDANT COLUMBIA MANAGEMENT COMPANIES and others would financially reward its employees, including coders and management employees, who met or exceeded the coding and revenue targets and goals with bonuses, promotions, public recognition and incentive pay. If the employees did not meet the targets and goals, DEFENDANT COLUMBIA MANAGEMENT COMPANIES and others would threaten to fire or discipline the employees with counseling, reprimands, poor performance evaluations, and public admonishments.

22. It was further a part of the conspiracy that DEFENDANT COLUMBIA MANAGEMENT COMPANIES and others would encourage coding consultants to fraudulently upcode Program claims by paying them

a percentage of the additional revenue received from the Programs.

23. It was further a part of the conspiracy that when DEFENDANT COLUMBIA MANAGEMENT COMPANIES' officers learned that certain Group coders were improperly instructing employees to fraudulently upcode claims, DEFENDANT COLUMBIA MANAGEMENT COMPANIES and others did not take effective action to stop and correct the fraudulent activity and, instead, allowed Group coders to continue past practices.

24. It was further a part of the conspiracy that when DEFENDANT COLUMBIA MANAGEMENT COMPANIES and others learned as a result of coding audits that it had submitted inflated claims to and received excess payments from the Programs, they would not disclose the excess payments and not return the excess amount to the Programs.

OVERT ACTS

In order to effect the objects of the conspiracy and in furtherance of the conspiracy, DEFENDANT COLUMBIA MANAGEMENT COMPANIES committed and caused to be committed the following overt acts in the Middle District of Tennessee and elsewhere:

1. On or about December 31, 1991, DEFENDANT COLUMBIA MANAGEMENT COMPANIES paid a Group coder, "A", an incentive payment of \$9,000 because the Group coder's hospitals had met Program coding targets and goals.

2. On or about March 24, 1992, a regional Assistant Vice President instructed hospital Chief Executive Officers in a

region that included the states of Texas, Oklahoma and elsewhere to upcode claims from simple pneumonia to higher paying complicated pneumonia.

3. On or about July 10, 1992, "B", a Group coder, encouraged hospital coders in a region that included the states of Texas, Oklahoma and elsewhere to upcode claims for pneumonia to complicated pneumonia, and recognized that the region had increased its percentage of claims coded to higher paying pneumonia from 30% to 52% over a six month period.

4. On or about November 4, 1992, a Group coder, "B", commended hospital coders in a region that included the states of Texas, Oklahoma, and elsewhere for a 29% increase in the number of claims for pneumonia upcoded to complicated pneumonia.

5. On or about July 26, 1993, a Group coder, "C", congratulated seven hospitals in Kentucky and their coders for adding CCs to all claims for June 1993.

6. On or about July 29, 1993, a Group coder, "D", instructed coders at a hospital in Tennessee that the goal for claims coded without a CC diagnosis should be less than three percent.

7. On or about September 24, 1993, a Group coder, "E", instructed hospital coders at a hospital in North Carolina to upcode pneumonia claims based on "clinical picture guidelines" instead of the doctor's diagnoses.

8. On or about October 31, 1993, a Group coder, "E", instructed coders at hospitals in the Carolinas and Virginia that

their goal was to assign a CC to 96.2% of all claims.

9. On or about December 20, 1993, a Group coder, "E", instructed hospital managers at a hospital in North Carolina that their coders were not assigning enough CCs to patients with cardiac-related diagnoses.

10. In or about 1994, a Group coder, "B", instructed coders at a seminar in Tennessee to list diagnosis codes on the doctor's attestation forms for more severe illnesses, but change the diagnoses descriptions to match the doctor's lower paying and less severe diagnoses.

11. On or about January 24, 1994, a regional Assistant Vice President, "F", issued coding goals and targets to hospital officers and said that he would be monitoring their progress in meeting these coding goals.

12. On or about May 26, 1994, DEFENDANT COLUMBIA MANAGEMENT COMPANIES hired a Group coder, "G", and agreed to pay her a 25% incentive bonus if she met certain goals.

13. In or about June 1994, an external coding consultant, "D", instructed coders at a hospital in Tennessee to upcode several Program claims without reviewing the medical record or verifying that the doctor agreed with the diagnosis codes to be submitted to the Programs.

14. In or about July 1994, a Florida hospital required, as a condition of employment, that its senior coder meet specified coding goals and targets.

15. On or about August 25, 1994, and September 8, 1994,

Group coders, "B" and "G", issued coding targets and goals to hospitals in a region that included Alabama, Louisiana, Mississippi, and elsewhere, and instructed coders that they should assign diagnosis codes which were not based on the doctor's diagnoses, but based on other information in the medical record.

16. On or about October 4, 1994, a Group coder, "G", issued to hospitals in a region that included Alabama, Louisiana, Mississippi, and elsewhere, a Focus list of lower paying DRGs and a table of coding targets and goals.

17. On or about November 21, 1994, at a hospital in Texas, a Group coder, "H", misrepresented the treating doctors' diagnoses to the Programs by upcoding several pneumonia claims.

18. On or about December 19, 1994, a Group coder, "B", instructed coders at a hospital in Texas that "Your DRG 79 [expensive pneumonia] percent is currently 23 percent for November and should increase to at least 60 percent."

19. On or about March 23, 1995, a Group coder set a goal for the National Group that hospitals should code as complicated pneumonia 75% of all pneumonia claims submitted to the Programs.

20. On or about April 4, 1995, a hospital in Tennessee implemented an Incentive Pay Plan for coders which financially rewarded coders for meeting coding targets and goals.

21. On or about May 23, 1995, a Group coder, "E", instructed coders at hospitals in the Carolinas to list on claims diagnosis codes which were not based on the doctor's diagnoses,

but based on other information in the medical record.

22. On or about June 6, 1995, a Group coder, "E", told the CEO at a hospital in North Carolina that, "'[c]oders need to improve assignment of optimal DRG Current hospital practice of routinely asking physicians permission to code optimally needs to stop; this largely contributes to 'no' responses from physicians. When information to code optimally is documented and/or can be ascertained from chart, the coder is to assign the correct, optimal DRG."

23. On or about June 18, 1995, at a hospital in New Mexico, a Group coder, "B", instructed coders that they should assign a CC to 96% of the hospital's claims, and that the hospital should set goals for upcoding pneumonia and other claims.

24. On or about July 12, 1995, a Group coder, "B", instructed a coder at a hospital in Kentucky that the coder should bill the case using the diagnosis code assigned by the coder although the doctor's attestation was different.

25. On or about July 13, 1995, the Mid-America Group set a goal for its hospitals in Kentucky that its coders should add a CC to at least 96% of its claims, and published statistics showing that a hospital in Kentucky had added a CC to 100% of its Medicare claims.

26. On or about August 8, 1995, a Group coder, "E", instructed Health Information Management Directors at hospitals in the Carolinas that coders could ignore doctors who disagreed

with the coder's diagnosis and code a different diagnosis because Medicare no longer required doctors to attest to the diagnosis codes.

27. In or about October 1995, a Group president, "I", and other Group employees for the Mid-America Group stated that coders could assign a CC to 100% of all claims.

28. In or about November 1995, a Group president, "I", and other Group employees for the Mid-America Group stated that coders should be able to assign codes for diagnoses not documented or approved by the patient's doctor, and that if the coders could not do so, the Group would not meet coding targets.

29. In or about 1996, a Chief Financial Officer at a hospital in Texas, "J", presented a seminar entitled "Cash is King" wherein the Chief Financial Officer set coding targets and goals, and predicted that the hospital would earn \$295,300 in additional revenue if coders implemented a "Focus DRG Optimization Program."

30. On or about January 30, 1996, at a hospital in Tennessee, a Group coder, "B", told corporate auditing personnel that coders should be able to assign codes for diagnoses not documented or approved by the patient's doctor, and that Medicare was not smart enough to focus their reviews to catch upcoding.

31. On or about February 12, 1996, a corporation vice-president "K", after receiving information that certain Group coders were improperly coding claims and training hospital coders to improperly code claims, nonetheless issued a policy that Group

coders would supervise coding and train coders at hospitals.

32. On or about March 1, 1996, a Group coder, "B", stated in her annual performance review that her objectives were to "[i]mprove DRG reimbursement and decrease [length of stay] for National Group hospitals," focusing on hospitals in Kentucky, Utah, Colorado, New Mexico, and elsewhere.

33. On or about March 5, 1996, a Group coder, "B", instructed coders and hospital managers at a hospital in Illinois to assign diagnosis codes for diagnoses not documented or approved by the patient's doctor. The Group coder and hospital management then chastised the coders for not following the Group coder's instructions, and further instructed the hospital's coders to attend a Group coding training seminar.

34. On or about April 25, 1996, Group coders, "A" and "B", presented a coding seminar to Mid-America Group coders in Nashville, Tennessee wherein they instructed that coders could code diagnoses not documented or approved by the doctor.

35. On or about May 22, 1996, Group coders, "B" and "E", instructed coders at a Mid-American Group training seminar to assign diagnosis codes for diagnoses not documented or approved by the patient's doctor.

36. On or about May 31, 1996, hospital managers at a hospital in North Carolina directed that hospital coders should assign diagnosis codes for diagnoses not documented or approved or confirmed by a patient's doctor.

37. On or about June 10, 1996, a Group coder, "B",

visited a hospital in Illinois to ensure that the hospital's coders were following her instructions and that they had attended proscribed training.

38. On or about June 12, 1996, a hospital coder, "L", instructed a Health Information Management Director, "M", at a hospital in Tennessee that even if the doctor did not diagnose an illness, "coders need to be given authority to code aggressively when the chart indicates possibility/probability of [a diagnosis]." "L" then stated that coders should code complicated pneumonia even when the doctor did not document or approve that diagnosis.

39. In or about August, 1996, a Group coder, "B", instructed coders at a hospital in Kentucky to assign a diagnosis code for a diagnosis that was not documented or approved by the patient's doctor and stated that the government would not catch the upcoded claim.

40. In or about September 1996, a hospital in Indiana entered into a contract with an external coding consulting company, "N", to review claims and make recommendations on how to upcode claims for more money, which contract paid the company 35% of the additional money earned through upcoding.

41. On or about September 20, 1996, a CFO in a Kentucky hospital, "O", stated that coders should assign diagnosis codes for diagnoses which were not documented or approved by the patient's doctor.

All in violation of Title 18, United States Code, §371.

Respectfully submitted,

JOSHUA R. HOCHBERG
Chief, Fraud Section,
Criminal Division, U.S. Department
of Justice

By: 

DENISE E. BIEHN
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U.S. Department of Justice
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IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE

FILED
U.S. DISTRICT COURT
MIDDLE DISTRICT OF TENN.

DEC 15 2000

BY *lex*
DEPUTY CLERK

UNITED STATES OF AMERICA

v.

COLUMBIA MANAGEMENT COMPANIES, INC.)
Defendant.)

Case No. 3:00-00206

8:00 CR 461-T-24A

JOINT STIPULATION OF FACTS IN SUPPORT OF PLEA AGREEMENT

DEFENDANT COLUMBIA MANAGEMENT COMPANIES, INC. has agreed to plead guilty to an Information charging conspiracy, in violation of Title 18, United States Code Section 371. The United States and Defendant jointly offer the following statement of facts and evidence in support of the Information filed in the above-captioned action.

1. Paragraphs One through Eleven of the Information, which set forth factual allegations, are true and accurate.
2. Beginning in May 1991, the DEFENDANT willfully and knowingly entered into an agreement with some of its employees to defraud the United States, and to commit offenses against the United States in violation of Title 18, United States Code Section 1001, by hiring certain employees, and then directing these employees to increase payments from the Programs by submitting inflated claims for payment to the United States for patients in federal health benefit programs. These claims would falsely state the patients' true diagnoses and overstate the severity of the patients' illnesses. In or about December 1996,

-1-

(2)
- Exhibit B - 17

the DEFENDANT, acting through its employees, terminated this agreement and conspiracy by directing and training its employees to stop inflating claims to the Programs.

3. When entering into this agreement, DEFENDANT and its co-conspirators knew that the purpose and goal of the agreement and understanding was to fraudulently receive money from the Programs by submitting inflated claims, and deliberately entered into this agreement intending to accomplish the goal and purpose by common plan and joint action.

4. In furtherance of this agreement, the DEFENDANT, acting through and in concert with its employees, committed at least one overt act, including:

A. DEFENDANT's employees trained other employees to engage in coding practices which resulted in the submission of inflated claims to the Programs. On or about April 25, 1996, two of DEFENDANT's employees, employed as coding specialists, presented a seminar to DEFENDANT's Mid-America Group employees in Nashville, Tennessee wherein they instructed the employees to assign diagnoses which were not documented by the doctor but were instead based on medical record information other than doctors' documentation. The Programs' rules and regulations require that hospitals submit claims to the Programs based on diagnoses determined by the doctor.

B. DEFENDANT's employees distributed "Focus" lists which identified diagnoses, including pneumonia, which were susceptible to being inflated, and then pressured its employees to fraudulently inflate claims to the Programs with these

diagnoses. On or about March 24, 1992, the DEFENDANT, acting through a regional Assistant Vice President, issued a memorandum which instructed hospital Chief Executive Officers in a region that included the states of Texas, Oklahoma and elsewhere to inflate claims to the Programs for patients diagnosed with pneumonia, a diagnosis on the "Focus" lists.

C. DEFENDANT's employees set "targets" and "goals" which induced other employees and hospitals to claim that a specified percentage (or greater) of its Program patients had high paying and severe illnesses, regardless of the patients' true illness. On or about November 4, 1992, one of DEFENDANT's employees issued Program coding targets and goals to hospitals in the Southwest region, including a goal that hospitals should submit 50% of its Program claims for pneumonia patients as high paying pneumonia.

D. DEFENDANT's employees hired outside coding consultants and paid them a percentage of the additional revenue received from the Programs. In or about September 1996, hospital managers for a hospital in Indiana entered into a contract with an external coding consulting company to review claims and make recommendations on how to inflate claims for more money, which contract paid the company 35% of the additional revenues.

E. DEFENDANT's employees would sometimes financially reward employees who met or exceeded the coding and revenue targets and goals with bonuses, promotions, public recognition and incentive pay. On or about January 1, 1992, DEFENDANT paid an employee a bonus of \$9,000 for meeting coding performance

targets and goals.

F. For employees who failed to meet targets and goals, DEFENDANT's employees would threaten to fire or discipline with counseling, reprimands, poor performance evaluations, and public admonishments. On or about March 5, 1996, an employee chastised other employees at a hospital in Illinois for not meeting coding targets and goals.

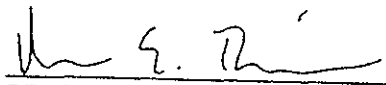
4. From in or about May 1991 through December 1996, as a result of this conspiracy, the United States suffered a loss of \$16.9 million.

2000. So Stipulated and agreed this 1st day of Dec

JOSHUA R. HOCHBERG
Chief, Fraud Section,
Criminal Division,
U.S. Department of Justice

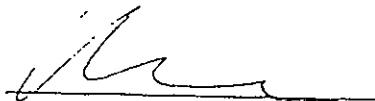
COLUMBIA MANAGEMENT
COMPANIES, INC.

By:



DENISE E. BIEHN
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Criminal Division
U.S. Department of Justice
P.O. Box 28188
McPherson Square
Washington, D.C. 20038

By:



ROBERT A. WATERMAN
SENIOR VICE PRESIDENT
General Counsel

CIVIL AND ADMINISTRATIVE SETTLEMENT AGREEMENT

I. PARTIES

This Civil and Administrative Settlement Agreement (Agreement) is entered into between the following (hereinafter "the Parties") through their authorized representatives: the United States of America, acting through the United States Department of Justice and on behalf of the Office of Inspector General (OIG-HHS) of the Department of Health and Human Services (HHS); the TRICARE Management Activity (TMA) (formerly the Office of Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS), through its General Counsel; the Office of Personnel Management (OPM), which administers the Federal Employees Health Benefits Program (FEHBP), through the United States Attorney's Office for the District of Columbia; (collectively the "United States"); and HCA - The Healthcare Company, formerly known as Columbia/HCA Healthcare Corporation, on behalf of its predecessors and current and former affiliates, divisions and subsidiaries (collectively "HCA").

II. PREAMBLE

As a preamble to this Agreement, the Parties agree to the following:

A. HCA is a Delaware corporation that through its predecessors and/or its subsidiaries and affiliates operates or has operated over 400 hospitals, over 500 home health agencies,

Ex C, 1

and numerous ancillary health care facilities in at least thirty states.

B. Dennis J. Wyman, M.D., Robert K. Rothfeder, M.D., Health Outcomes Technologies, Donald S. McLendon, Tonya M. Atchison, Randal T. Boston, Sharon Christian, Martha Long, Kristen Kuhn, Pamela Cianci, Mary R. Hampton, Sara Ortega, John W. Schilling, Madelyn Rappaport, J. Watson Maxwell, Francis M. Patton, and Francesco Lanni (the "relators") filed qui tam actions in various United States District Courts that are now pending before the District Court for the District of Columbia captioned as follows:

(1) U.S. ex rel. Wyman and Rothfeder v. HealthTrust, Columbia/HCA, et al., No. 99 - 3310 (D.D.C.) (formerly D.Utah);

(2) U.S. ex rel. Health Outcomes Technologies v. Columbia Medical Center-East, et al., No. 99 - 3297 (D.D.C.) (formerly E.D.Pa.);

(3) U.S. ex rel. McLendon v. Columbia Healthcare Corp., et al., No. 99-3295 (D.D.C.) (formerly N.D.Ga.);

(4) U.S. ex rel. Cianci v. Columbia/HCA Healthcare Corp., et al., No. 99-2761-CIV-T-23E (formerly M.D. Fla.);

(5) U.S. ex rel. Atchison v. Columbia/HCA Healthcare, Inc., No. 99-2399 (D.D.C.) (formerly M.D. Tenn.);

(6) U.S. ex rel. Atchison v. Columbia/HCA Healthcare, Inc., No. 99-3307 (D.D.C.) (formerly W.D.Tex.);

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(7) U.S. ex rel. Boston v. Columbia/HCA Healthcare Corp., No. 99-3301 (D.D.C.) (formerly N.D. Tex.);

(8) U.S. ex rel. Christian, Long and Kuhn v. Columbia/HCA Healthcare Corp., et al., No. 99-3303 (D.D.C.) (formerly S.D. Tex.);

(9) U.S. ex rel. Hampton v. Columbia/HCA Healthcare Corp., et al., No. 99-3294 (D.D.C.) (formerly M.D.Ga.);

(10) U.S. ex rel. Ortega v. Columbia/HCA Healthcare Corp., et al., No. 99-3305 (D.D.C.) (formerly W.D.Tex.);

(11) U.S. ex rel. Schilling v. Columbia/HCA Healthcare Corp., et al., Civ. No. 96-1264-CIV-T-23B (formerly M.D.Fla.);

(12) U.S. ex rel. Rappaport v. Hospital Corporation of America et al., Civ. No. 99-3228 (formerly N.D. Ala.);

(13) U.S. ex rel. Lanni v. Curative Health Services, Inc. et al., No. 00-2584 (D.D.C.) (formerly S.D.N.Y.).

C. HCA submitted or caused to be submitted claims for payment to the Medicare Program (Medicare), Title XVIII of the Social Security Act, 42 U.S.C. §§ 1395-1395ggg, the Medicaid Program, 42 U.S.C. §§ 1396-1396v; the TRICARE Program (hereinafter referred to as TRICARE), 10 U.S.C. § 1071 - 1107, and the FEHBP, 5 U.S.C. §§ 8901 et seq. (collectively "the government health care programs").

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D. The United States contends that it has certain civil claims under the False Claims Act, 31 U.S.C. § 3729-33, and other federal statutes and/or common law doctrines, as specified in Paragraph 2 below, against HCA, for engaging in the following conduct (hereinafter referred to as the "Covered Conduct").

(1) Outpatient Laboratory Billing

From January 1, 1989 through December 31, 1997, HCA hospitals identified in Attachment 1 to this Agreement billed the government health care programs for outpatient laboratory tests designated by the CPT Codes in the 80000-89999 range, and by CPT Codes G0058, G0059 and G0060, without regard for whether they were medically necessary, had been properly ordered by physicians or were being billed appropriately.

(2) DRG Upcoding

From January 1, 1990 through December 31, 1997, HCA hospitals identified in Attachment 2 to this Agreement "upcoded" claims to the government health care programs for inpatient hospital admissions by assigning diagnosis codes that were not supported by physician documentation in the patients' medical records for the purpose of improperly increasing reimbursement on inpatient claims submitted for the following Diagnosis Related Groups (DRGs): 076, 079, 087, 121, 124, 132, 138, 316, 416, and 475; and the complication and comorbidity DRGs ("cc" DRGs) identified in Attachment 3 to this Agreement.

(3) Home Health Community Education

For cost report years 1994 through 1997, HCA submitted claims to Medicare for reimbursement of costs, including administrative and general costs, that it had allocated to community education activities. In fact, some of these costs were attributable to nonreimbursable advertising and marketing functions performed by home health community educators, including, but not limited to, patient care coordinators, home care coordinators, community liaisons and community liaison nurses. The conduct described in this Paragraph does not include claims, if any, submitted to Medicaid, TRICARE or FEHBP.

(4) Home Health Billing Issues

Between January 1, 1995 and December 31, 1998, the HCA-owned home health agencies listed in Attachment 4 to this Agreement submitted claims to Medicare, Medicaid, and TRICARE (a) for visits to patients who did not qualify for home health services because (i) the patients were not homebound, (ii) there was no medical need for such services, or (iii) there was no medical need for skilled services; (b) for visits that were not provided; (c) for visits to deliver services that were in fact or should have been provided by an assisted living facility; (d) for visits that lacked proper physician authorization because (i) the home health agency had not received physician orders prior to billing for services, (ii) the home health agency had not properly obtained the physician signature, (iii) the home health agency

provided the services after expiration of the written order from the physician; and (e) for visits billed but not documented. The conduct described in this Paragraph does not include claims, if any, submitted to FEHBP.

(5) Home Health Management Fees

For cost report years 1993 through 1998, HCA improperly included in Medicare cost reports the management fee costs related to the acquisition of the Olsten, ResCare, AbleCare, CareOne and Central (a/k/a Simeone Central) home health agencies in Florida, Georgia and Alabama. The costs referred to in this Paragraph include all kickback, related party, undisclosed rebate and cost report claims relating to these acquisitions, but do not include duplicative services or non-allowable costs included in administrative and general costs not otherwise covered in this release allocated to the acquired agencies. The conduct described in this Paragraph does not include claims, if any, submitted to Medicaid, TRICARE or FEHBP.

E. The United States also contends that it has certain administrative claims against HCA under the provisions for permissive exclusion from the Medicare, Medicaid, and other Federal health care programs, 42 U.S.C. § 1320a-7(b), the provisions for civil monetary penalties, 42 U.S.C. § 1320a-7a, permissive exclusion from TRICARE, 32 C.F.R. § 199.9, and permissive exclusion from FEHBP, 5 U.S.C. § 8902a and 5 C.F.R. Part 970, for the Covered Conduct.

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F. The following States ("the States") contend that they have certain civil claims against HCA for the conduct specified in Paragraphs D (1) (outpatient laboratory), (2) (DRG upcoding) and (4) (home health billing) above: Alaska, Alabama, Arizona, Arkansas, California, Colorado, Florida, Georgia, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, Missouri, Nevada, New Hampshire, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wyoming. HCA and the States will execute separate settlement agreements regarding these claims in exchange for the payment specified in Paragraph 1(b) below.

G. The relators identified in Paragraph B above are among those who claim entitlement under 31 U.S.C. § 3730(d) to a share of the proceeds of this Agreement, but the relators and the United States have not agreed on the entitlement or amount of that award, if any. This Agreement does not cover the claims of any relator to payment of attorney's fees under 31 U.S.C. § 3730(d).

H. This Settlement Agreement does not constitute evidence or an admission by any party of any liability or wrongful conduct.

I. HCA has executed letters of credit in favor of the United States in the total amount of one billion dollars (\$1,000,000,000) pursuant to a February 1999 Letter of Credit

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Agreement (LOC Agreement). The LOC Agreement is incorporated herein by reference.

J. HCA and OIG-HHS have executed a separate Corporate Integrity Agreement (CIA), which is incorporated herein by reference.

K. To avoid the delay, uncertainty, inconvenience, and expense of protracted litigation of the claims set forth above, the Parties hereby reach a full and final settlement of the claims against HCA pursuant to the Terms and Conditions set forth below.

III. TERMS AND CONDITIONS

NOW, THEREFORE, in reliance upon the representations contained herein, in consideration of the mutual promises, covenants, and obligations set forth below, and for good and valuable consideration as stated herein, the Parties agree as follows:

1. HCA agrees to pay to the United States and the States \$745,000,000.00, plus interest accruing at a simple rate of 6.5% per annum from May 18, 2000 through and including the Payment Date (the Settlement Amount). The "Payment Date" shall be within five (5) days of approval of this Agreement by the United States District Court for the District of Columbia. HCA agrees to pay the Settlement Amount as follows:

(a) HCA agrees to pay \$731,367,246.23 plus interest accruing at a simple rate of 6.5% per annum from May 18,

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2000 through and including the Payment Date to the United States by electronic funds transfer pursuant to written instructions to be provided by Michael F. Hertz, Director, Commercial Litigation Branch, Civil Division, United States Department of Justice. The \$731,367,246.23 represents the total of the following settlement amounts: \$90,016,350 (outpatient laboratories); \$395,567,650 (DRG upcoding); \$50,000,000 (home health community education); \$90,000,000 (home health management fees); \$105,783,246.23 (home health billing).

(b) HCA also agrees to pay the States \$13,632,753.77, plus interest accruing at a simple rate of 6.5% per annum from May 18, 2000 through and including the Payment Date in a separate escrow, as designated by the States, for distribution to the individual States upon completion of the separate State settlement agreements.

2. Subject to the exceptions in Paragraph 10 below, in consideration of the obligations of HCA set forth in this Agreement, conditioned upon HCA's payment in full of the Settlement Amount, the United States (on behalf of itself, its officers, agents, agencies, and departments) agrees to release HCA together with its current and former parent corporations, each of its direct and indirect subsidiaries, brother or sister corporations, divisions, current or former owners and affiliates, and the successors and assigns of any of them from any civil or administrative monetary claim the United States has or may have

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under the False Claims Act, 31 U.S.C. §§ 3729-3733; the Civil Monetary Penalties Law, 42 U.S.C. § 1320a-7a; the Program Fraud Civil Remedies Act, 31 U.S.C. §§ 3801-3812; or the common law theories of payment by mistake, unjust enrichment, breach of contract, and fraud, for the Covered Conduct.

3. On the Payment Date, conditioned upon receipt of the Settlement Amount, the LOC Agreement is hereby amended as follows:

(a) The unconditional guarantee by the Company (as defined in the LOC Agreement) of the Obligations (as defined in the LOC Agreement) in the form of the Letters of Credit (as defined in the LOC Agreement), and the aggregate amount which may be drawn under the Letters of Credit by the United States, shall be two hundred fifty million dollars (\$250,000,000) rather than one billion dollars (\$1,000,000,000).

(b) Upon receipt by the United States of any payment made in satisfaction of any of the Obligations following the Payment Date, whether pursuant to an Actionable Order or Settlement Agreement (as such terms are defined in the LOC Agreement) and including any payment made through a drawing under any Letter of Credit, the unconditional guarantee by the Company of the Obligations in the form of the Letters of Credit, and the aggregate amount which may be drawn under the Letters of Credit by the United States, shall immediately be reduced dollar-for-dollar by the amount of such payment. Reductions pursuant to

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this clause (b) shall be cumulative and in addition to the reduction described in clause (a) above. For purposes of this clause (b), a payment shall be deemed made in satisfaction of an obligation only if acknowledged in writing as such by the United States or if made through a drawing under a Letter of Credit.

(c) In connection with any reduction of the Company's guarantee of the Obligations described in clause (a) or (b) above, the Company may elect to replace the then outstanding Letter(s) of Credit with one or more new Letter(s) of Credit in an amount at least equal to the reduced amount of the Company's guarantee set forth in clause (a) or (b) (as applicable), so long as the new Letter(s) of Credit are issued by a Letter of Credit issuer acceptable under Paragraph 2 of the LOC Agreement. The replaced Letter(s) of Credit shall be returned for cancellation to the Company in exchange for the replacement Letter(s) of Credit.

HCA and the United States acknowledge that the foregoing agreement to replace the Company's unconditional guaranty of the Obligations in the form of the Letters of Credit on the Payment Date with two hundred fifty million dollars (\$250,000,000) rather than one billion dollars (\$1,000,000,000) is not based on the amount or expected amount of HCA's remaining liability for conduct not addressed by this Agreement.

4. This Agreement is expressly conditioned upon resolution, through execution of plea agreement(s) or otherwise,

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of the Company's corporate criminal liability, with the Department of Justice (the Criminal Condition) as set forth in the Plea Agreement executed on December 14, 2000. As used in this Paragraph, the term "resolution" includes, where appropriate, acceptance by the appropriate court(s) of any plea agreement(s) and imposition of any sentence(s) necessary to effectuate the Criminal Condition.

5. After the execution of this Agreement, the United States and HCA will move the United States District Court for the District of Columbia for (1) dismissal with prejudice of the claims against HCA in the Civil Actions identified in Paragraph B (1) - (4) above; and (2) dismissal with prejudice of those claims against HCA in the Civil Actions identified in Paragraph B (5) - (13) above that are co-extensive with the Covered Conduct. The motions to dismiss will be conditioned upon receipt by the United States of the Settlement Amount. The claims that the United States and HCA agree are co-extensive with the Covered Conduct are identified in Attachment 5 to this Agreement, incorporated by reference herein. The parties agree that they reserve the right to seek to dismiss any claim of any relator other than those identified on the grounds they are coextensive with the Covered Conduct or are otherwise barred. The United States also agrees to use reasonable good faith efforts to cause the dismissal or release of any claims filed by relators (with prejudice to relators but without prejudice to the United States)

in the Civil Actions identified in Paragraph B (5) - (13) above that: 1) relate to home health community education claims (as described in Paragraph D (3) above) submitted to Medicaid, TRICARE or FEHBP; 2) relate to home health billing claims (as described in Paragraph D (4) above) submitted to FEHBP; and 3) relate to home health management fees claims (as described in Paragraph D (5) above) submitted to Medicaid, TRICARE or FEHBP.

6. Should this Agreement be challenged by any relator as not fair, adequate or reasonable pursuant to 31 U.S.C. § 3730(c)(2)(B), the United States and HCA agree that they will take all reasonable and necessary steps to defend this Agreement.

7. In consideration of the obligations of HCA set forth in this Agreement and the CIA, conditioned upon HCA's payment in full of the Settlement Amount, the OIG-HHS agrees to release and refrain from instituting, directing or maintaining any administrative action seeking exclusion from the Medicare, Medicaid, or other Federal health care programs (as defined in 42 U.S.C. § 1320a-7b(f)) against HCA under 42 U.S.C. § 1320a-7a (Civil Monetary Penalties Law), or 42 U.S.C. § 1320a-7(b)(7) (permissive exclusion for fraud, kickbacks, and other prohibited activities), for the Covered Conduct, except as reserved in Paragraph 10, below, and as reserved in this Paragraph. The OIG-HHS expressly reserves all rights to comply with any statutory obligations to exclude HCA together with its current and former parent corporations, each of its direct and indirect

subsidiaries, brother or sister corporations, divisions, current or former owners, affiliates, and the successors and assigns of any of them from the Medicare, Medicaid, or other Federal health care program under 42 U.S.C. § 1320a-7(a) (mandatory exclusion) based upon the Covered Conduct.

8. In consideration of the obligations of HCA set forth in this Agreement, conditioned upon HCA's payment in full of the Settlement Amount, TMA agrees to release and refrain from instituting, directing, or maintaining any administrative action seeking exclusion from the TRICARE/CHAMPUS Program against HCA under 32 C.F.R. § 199.9 for the Covered Conduct, except as reserved in Paragraph 10, below, and as reserved in this Paragraph. TMA expressly reserves authority to exclude HCA together with its current and former parent corporations, each of its direct and indirect subsidiaries, brother or sister corporations, divisions, current or former owners, affiliates, and the successors and assigns of any of them, from the TRICARE/CHAMPUS program under 32 C.F.R. §§ 199.9 (f)(1)(i)(A), (f)(1)(i)(B), and (f)(1)(iii), based upon the Covered Conduct.

9. In consideration of the obligations of HCA set forth in this Agreement, conditioned upon HCA's payment in full of the Settlement Amount, OPM agrees to release and refrain from instituting, directing, or maintaining any administrative action seeking exclusion from the FEHBP program against HCA under 5 U.S.C. § 8902a or 5 C.F.R. Part 970 for the Covered Conduct,

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except as reserved in Paragraph 10, below and except if excluded by the OIG-HHS pursuant to 42 U.S.C. § 1320a-7(a).

10. Notwithstanding any term of this Agreement, specifically reserved and excluded from the scope and terms of this Agreement as to any entity or person (including HCA and Relators) are any and all of the following claims of the United States:

- a. Any civil, criminal or administrative liability to the United States arising under Title 26, U.S. Code (Internal Revenue Code);
- b. Any criminal liability;
- c. Except as explicitly stated in this Agreement, any administrative liability, including mandatory exclusion from Federal health care programs;
- d. Any liability to the United States (or its agencies) for any conduct other than the Covered Conduct;
- e. Any claims of the United States based upon such obligations as are created by this Agreement;
- f. Any claims by FEHBP for the Covered Conduct identified in Paragraph D(3) (home health community education), (4) (home health billing), and (5) (home health management fees) above.
- g. Any claims by TRICARE/CHAMPUS for the Covered Conduct identified in Paragraph D(3) (home health community education) and (5) (home health management fees) above.

h. Any claims by the United States or the States relating to the Medicaid Program for the Covered Conduct identified in Paragraph D(3) (home health community education) and (5) (home health management fees) above.

i. Any express or implied warranty claims or other claims for defective or deficient products or services, including quality of goods and services, provided by HCA;

j. Any claims for personal injury or property damage or for other similar consequential damages arising from the Covered Conduct;

k. Any claims of the United States based on a failure to deliver items or services due (with the exception of home health services that the United States alleges were not provided, as described in Paragraph D(4));

l. Any civil or administrative claims of the United States against individuals (including current or former directors, officers, employees, agents, or shareholders of HCA).

11. HCA has entered into a Corporate Integrity Agreement (CIA) with HHS, attached as Attachment 6, which is incorporated into this Agreement by reference. HCA will implement its obligations under the CIA immediately upon the execution of this Agreement.

12. HCA waives and will not assert any defenses HCA may have to any criminal prosecution or administrative action relating to the Covered Conduct, which defenses may be based in

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whole or in part on a contention that, under the Double Jeopardy Clause in the Fifth Amendment of the Constitution, or under the Excessive Fines Clause in the Eighth Amendment of the Constitution, this Settlement bars a remedy sought in such criminal prosecution or administrative action. HCA agrees that this settlement is not punitive in purpose or effect. Nothing in this Paragraph or any other provision of this Agreement constitutes an agreement by the United States concerning the characterization of the Settlement Amount for purposes of the Internal Revenue Laws, Title 26 of the United States Code.

13. HCA fully and finally releases the United States, its agencies, employees, servants, and agents from any claims (including attorney's fees, costs, and expenses of every kind and however denominated) which HCA has asserted, could have asserted, or may assert in the future against the United States, its agencies, employees, servants, and agents, related to the Covered Conduct and the United States' investigation and prosecution thereof.

14. The Settlement Amount will not be decreased as a result of the denial of claims for payment now being withheld from payment by any Medicare carrier or intermediary or by FEHBP or TRICARE or any State payer, related to the Covered Conduct; and HCA agrees not to resubmit to any Medicare carrier or intermediary or to FEHBP or TRICARE or any State payer any

previously denied claims related to the Covered Conduct, and agrees not to appeal any such denials of claims.

15. HCA agrees to the following:

(a) Unallowable Costs Defined: HCA agrees that all costs (as defined in the Federal Acquisition Regulations (FAR) 48 C.F.R. § 31.205-47 and in Titles XVIII and XIX of the Social Security Act, 42 U.S.C. §§ 1395-1395ggg and 1396-1396v, and the regulations promulgated thereunder) incurred by or on behalf of HCA, its present or former officers, directors, employees, shareholders, and agents in connection with:

(1) the matters covered by this Agreement and any related plea agreement,

(2) the Government's audit(s) and civil and any criminal investigation(s) of the matters covered by this Agreement,

(3) HCA's investigation, defense, and corrective actions undertaken in response to the Government's audit(s) and civil and any criminal investigation(s) in connection with the matters covered by this Agreement (including attorney's fees and the obligations undertaken pursuant to the CIA incorporated in this Agreement),

(4) the negotiation and performance of this Agreement and any Plea Agreement, and

(5) the payment HCA makes to the United States pursuant to this Agreement and any payments that HCA may make to relators,

are unallowable costs on Government contracts and under the Medicare Program, Medicaid Program, TRICARE Program, and Federal Employees Health Benefits Program (FEHBP).

(All costs described or set forth in this Paragraph 15(a) are hereafter, "unallowable costs").

(b) Future Treatment of Unallowable Costs: These unallowable costs will be separately estimated and accounted for by HCA, and HCA will not charge such unallowable costs directly or indirectly to any contracts with the United States or any State Medicaid Program, or seek payment for such unallowable costs through any cost report, cost statement, information statement, or payment request submitted by HCA or any of its subsidiaries to the Medicare, Medicaid, TRICARE, or FEHBP Programs.

(c) Treatment of Unallowable Costs Previously Sought: HCA further agrees that within 60 days of the effective date of this Agreement it will identify to applicable Medicare and TRICARE fiscal intermediaries, carriers, and/or contractors, and Medicaid, VA and FEHBP fiscal agents, any unallowable costs (as defined in this Paragraph) included in payments previously sought from the United States, or any State Medicaid Program, including, but not limited to, payments sought in any cost

reports, cost statements, information reports, or payment requests already submitted by HCA or any of its subsidiaries, and will request, and agree, that such cost reports, cost statements, information reports, or payment requests, even if already settled, be adjusted to account for the effect of the inclusion of the unallowable costs. HCA agrees that the United States will be entitled to recoup from HCA any overpayment as a result of the inclusion of such unallowable costs on previously-submitted cost reports, information reports, cost statements, or requests for payment. Any payments due after the adjustments have been made shall be paid to the United States pursuant to the direction of the Department of Justice, and/or the affected agencies. The United States reserves its rights to disagree with any calculations submitted by HCA or any of its subsidiaries on the effect of inclusion of unallowable costs (as defined in this Paragraph) on HCA or any of its subsidiaries' cost reports, cost statements, or information reports. Nothing in this Agreement shall constitute a waiver of the rights of the United States to examine or reexamine the unallowable costs described in this Paragraph.

16. HCA agrees to cooperate fully and completely with the United States in any criminal, civil and/or administrative investigations and proceedings of any present and former officers, directors, employees and agents, and of any parties with whom it had or has a business or professional relationship

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with respect to the Covered Conduct. HCA will itself provide information through testimony and/or oral briefings by competent corporate representatives upon request of the United States. HCA will furnish to the United States, upon reasonable request, complete and un-redacted copies of all non-privileged documents, reports, memoranda of interviews, and records in its possession, custody, or control concerning any investigation of the Covered Conduct which it has undertaken, or which has been performed by others on its behalf, and agrees that it will not assert any claim of privilege with respect to information requested by the United States to establish the authenticity or evidentiary foundation for the non-privileged information it has provided. HCA agrees not to impair, and, upon reasonable notice, will encourage, the cooperation of its directors, officers, employees and agents in any investigation of the Covered Conduct. HCA also agrees to use its best efforts to make available, and encourage the cooperation of, former directors, officers and employees for interviews and testimony, consistent with the rights and privileges of such individuals in any investigation of the Covered Conduct. The obligations referred to in this Paragraph shall in no way limit HCA's obligations under any other agreement with the United States or the States, including, but not limited to, the Plea Agreement that HCA is entering with the United States.

17. This Agreement is intended to be for the benefit of the Parties and the States only, and by this instrument the Parties and the States do not release any claims against any other person or entity, except to the extent specifically provided for in this Agreement.

18. HCA agrees that it will not seek payment for any of the health care billings covered by this Agreement from any health care beneficiaries or their parents or sponsors. HCA waives any causes of action against these beneficiaries or their sponsors or responsible parties based upon the claims for payment covered by this Agreement.

19. Except as may be expressly provided to the contrary in this Agreement, each party to this Agreement will bear its own legal and other costs incurred in connection with this matter, including the preparation and performance of this Agreement.

20. This Agreement is governed by the laws of the United States. The Parties agree that the exclusive jurisdiction and venue for any dispute arising between and among the Parties under this Agreement will be the United States District Court for the District of Columbia, except that disputes arising under the Corporate Integrity Agreement shall be resolved exclusively under the dispute resolution provisions in the Corporate Integrity Agreement and disputes arising under the separate agreements with

the States shall be governed by the relevant provisions of those agreements.

21. This Agreement may not be amended except by written consent of the Parties, except that only HCA and OIG-HHS must agree in writing to modification of the Corporate Integrity Agreement.

22. The undersigned individuals signing this Agreement on behalf of HCA represent and warrant that they are authorized by HCA to execute this Agreement. The undersigned United States signatories represent that they are signing this Agreement in their official capacities and that they are authorized to execute this Agreement.

23. This Agreement may be executed in counterparts, each of which constitutes an original and all of which constitute one and the same agreement.

24. This Agreement is binding on HCA's successors, transferees, heirs, and assigns.

25. This Agreement is effective on the date of signature of the last signatory to the Agreement. Facsimiles of signatures shall constitute acceptable, binding signatures for purposes of this Settlement Agreement.

THE UNITED STATES OF AMERICA

DATED: 12/14/00

BY: 

JOYCE R. BRANDA
Deputy Director
Commercial Litigation Branch
Civil Division
U.S. Department of Justice

DATED:

12/13/00

BY:



LEWIS MORRIS
Assistant Inspector General
Office of Counsel to the
Inspector General
Office of Inspector General
United States Department of
Health and Human Services

Civil And Administrative Settlement Agreement
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-25-

DATED: 12-12-00

BY:



ROBERT L. SHEPHERD
Deputy General Counsel
TRICARE Management Activity
United States Department
of Defense

Civil And Administrative Settlement Agreement
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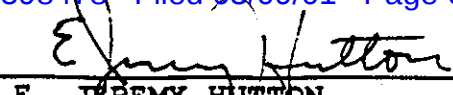
-26-

DATED: December 13, 2000

BY: William E. Flynn III
WILLIAM E. FLYNN III
Associate Director for
Retirement and Insurance
Service, United States
Office of Personnel
Management

DATED: December 14, 2000

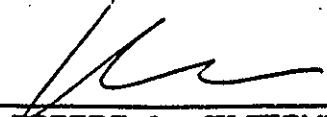
BY:


E. JEREMY HUTTON
Assistant Inspector General
for Legal Affairs
United States Office of
Personnel Management

HCA - The Healthcare Company


DATED: _____

BY: _____


ROBERT A. WATERMAN
General Counsel
HCA

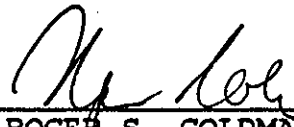
DATED: _____

BY: _____


CATHRYN L. SOWERS
Vice President
Litigation
HCA

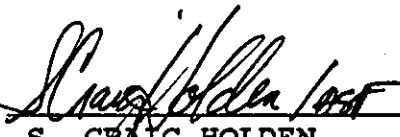
DATED: 12/14/00

BY: _____


ROGER S. GOLDMAN
Latham & Watkins
Counsel for HCA

DATED: _____

BY: _____


S. CRAIG HOLDEN
Ober, Kaler, Grimes & Shriver
Counsel for HCA

Periods of Ownership for Columbia/HCA Facilities

Attachment No. 1

<u>Provide Name</u>	<u>Acq. Type</u>	<u>How Acquired</u>	<u>Acquired</u>	<u>Sold</u>
010015 Thomasville Hospital	Merger	BAMI merger	07/15/92	08/17/93
010119 Doctor's Hospital of Mobile	Merger	Doctor's Hospital of Mobile,	12/20/71	05/31/90
010127 Medical Center of Huntsville	Merger	Galen merger	05/02/63	03/23/94
010152 Knollwood Park Medical Center	Merger	Knollwood Park Hospital, Mobile,	01/01/87	05/31/90
040088 Medical Center - South Arkansas	Joint Venture	Joint Venture-Medical Center	02/27/96	05/11/99
050022 Riverside Community Hospital	Joint Venture	C/HCA entered into JV per	05/01/97	
050114 Brotman Medical Center	Merger	Brotman Medical Center, Culver	01/01/87	05/31/89
050158 Encino Tarzana Regional Medical Center	Merger	HTI merger	08/26/81	01/01/93
050186 Valley Medical Center		Sold by HTI 2/17/93	02/17/93	
050368 Humana Hospital- Westminster		Sold by Galen 10/15/92	01/01/85	10/15/92
050418 Visalia Community Hospital		Visalia Community Hospital,	05/04/94	08/31/94
050593 Westlake Medical Center	Asset Purchase/Exchange	Universal Health Services, Inc.	07/07/95	07/25/96
100056 North Beach Community Hospital	Merger	North Beach Hospital, Fort	01/01/87	03/31/90
100152 North Gables Hospital	Asset Purchase/Exchange	Asset purchase from Abbey	10/31/91	01/07/92
100186 Humana Hospital- Sun Bay		Sold by Galen 12/20/90	01/01/85	12/20/90
100194 Humana Hospital- South Broward		Closed by Galen 10/15/91	01/01/85	10/15/91
100217 Sebastian Hospital	Merger	Galen merger	01/01/85	09/01/93
100219 St. Augustine General Hospital		St. Augustine General Hospital,	08/26/81	10/31/91
100226 Orange Park Medical Center	Merger	Galen merger	03/08/74	
100227 Humana Women's Hospital		Sold by Galen 8/30/90	01/01/85	08/30/90
100263 South Seminole Community Hospital		South Seminole sold 11/30/92 by	01/01/87	11/30/92
100273 Destin Hospital	Merger	HCA merger	01/01/86	08/31/94
110166 Middle Georgia Hospital	Asset Purchase/Exchange	Asset transaction	05/01/98	
110201 Macon Northside Hospital	Asset Purchase/Exchange	Asset transaction	05/01/98	
110207 Wheeler County Hospital	Merger	BAMI merger	07/15/92	01/01/94
130058 Walker Center			04/01/87	08/30/91
140172 Chicago Osteopathic (Hospital & Medical	Asset Purchase/Exchange	Asset purchase from Midwestern	10/01/95	03/01/96
150134 North Clark Community Hospital		North Clark Community Hospital,	03/01/85	12/31/91
170148 Bethany Medical Center	Asset Purchase/Exchange	Asset purchase from Bethany	10/31/97	12/04/98
180128 Humana Hospital- Louisa (Three Rivers		Galen sold 5/27/93	01/01/85	05/27/93
180138 Tri-County Community Hospital	Merger	BAMI merger	07/15/92	09/30/92
190198 Westpark Hospital			07/30/91	
220089 MetroWest Leonard Morse	Joint Venture	Partnership with Tenet	05/01/96	11/03/98
250001 UMC University Medical Pavilion		HCA sold to The Medical Center		12/30/91
250122 Natchez Community Hospital	Merger	Galen merger	01/01/85	09/01/93
340073 Raleigh Community Hospital	Merger	HCA merger	01/01/77	09/15/98
360045 St. Luke's Medical Center (Cleveland)	Joint Venture	Joint Venture - Sisters of Charity	03/01/97	
370017 Seminole Municipal Hospital		No information that this facility		
420076 Doctor's Hospital of Spartanburg			08/01/88	07/31/94
440026 Edgefield Hospital		Edgefield Hospital, Nashville, TN,	01/01/87	08/31/90
440067 Lakeway Regional Hospital (Humana	Merger	Galen merger	01/01/85	05/27/93
440115 Humboldt Cedar Crest Hospital		Humboldt Cedar Crest Hospital,		
440134 Smyrna Hospital		HCA converted to Ambulatory		
440136 Humana Hospital- McFarland		Galen sold 5/1/90	01/01/85	05/01/90
440145 Benton Community Hospital		Benton Community	03/31/85	10/05/90
440161 Centennial Medical Center	Merger	HCA merger	08/31/68	
440211 Whitwell Medical Center (Hospital; part of	Asset Purchase/Exchange	Asset purchase from SP	10/31/96	
450027 Gulf Coast Hospital		HCA sold this facility 9/1/92 to	08/26/81	09/01/92
450043 Plaza Medical Center - East (St. Joseph	Asset Purchase/Exchange	Columbia purchased from HCA	01/01/87	07/01/95
450060 Westbury Hospital	Merger	HTI merger	09/01/88	07/31/95
450131 Northwest Hospital (Riverside Hospital;	Merger	HTI merger		
450175 Colonial Hospital			10/01/91	12/31/92
450259 Doctor's Hospital East Loop	Merger	HTI merger	04/25/94	07/16/98
450353 Alice Regional Hospital (Alice Physicians &	Merger	HTI merger	09/01/88	05/11/99
450366 Sam Houston Memorial Hospital	Merger	HEI merger	07/01/90	07/01/94
450388 Southwest Texas Methodist Hospital	Joint Venture	Joint Venture with Southwest	01/11/95	
450431 St. David's Medical Center		Contribution with St. David's	05/01/96	
450535 Humana Hospital- Baytown		Sold by Galen 12/11/90	01/01/85	12/11/90
450550 North Houston Medical Center-Airline	Asset Purchase/Exchange	C/HCA acquired from DHA-	10/31/95	
450637 Doctors Hospital (Conroe)	Merger	HTI merger	08/26/81	06/01/95
450660 Medical Center Hospital (Medical Center Del	Merger	HCA merger	08/26/81	09/01/95
450719 Mansfield Hospital		Mansfield Hospital, Mansfield,		
450780 Methodist Ambulatory Surgical Hospital -	Asset Purchase/Exchange	Medical Care America	09/16/94	
450802 Panhandle Surgical Hospital	Merger	HTI merger	12/15/94	05/11/99
460051 Jordan Valley Hospital (Holy Cross)	Merger	HTI merger	08/15/94	02/29/96
490015 Humana Hospital- Richmond		Galen sold 9/9/91		
490016 Humana Hospital- Bayside			01/01/85	08/31/90

Periods of Ownership for Columbia/HCA Facilities

<u>Provide Name</u>	<u>Acq. Type</u>	<u>How Acquired</u>	<u>Acquired</u>	<u>Sold</u>
510006 Raleigh General Hospital	Merger	HCA merger	07/31/69	07/09/97
010036 Andalusia Hospital	Merger	HTI merger	07/01/75	05/11/99
010049 Medical Center - Enterprise	Merger	Galen merger	01/01/85	05/01/94
010081 Montgomery Regional Medical Center	Merger	Galen merger	01/01/89	09/01/98
010094 Northwest Medical Center	Merger	Galen merger	01/01/74	11/02/98
010108 Northridge Medical Center (previously	Asset Purchase/Exchange	Asset exchange with Champion	03/01/96	09/01/98
010118 Four Rivers Medical Center (Selma Medical	Merger	HTI merger	07/13/70	11/02/98
010123 Florence Hospital	Merger	Galen merger	06/01/74	10/01/98
010124 Medical Center - Shoals	Merger	Galen merger	06/01/74	11/02/98
010131 Crestwood Hospital (Med. Ctr. of Huntsville)	Merger	HTI merger	01/01/69	05/11/99
010149 East Montgomery Medical Center	Merger	Galen merger	04/18/83	09/01/98
020017 Alaska Regional Hospital	Merger	Galen merger	12/04/81	
030008 Phoenix Regional Medical Center (Humana	Merger	Galen merger	02/02/78	05/11/99
030080 El Dorado Medical Center (Hospital)	Merger	HTI merger	01/01/78	05/11/99
030083 Paradise Valley Hospital (Humana Hospital	Merger	Galen merger	01/01/83	05/11/99
030085 Northwest Hospital	Merger	HTI merger	09/17/87	05/11/99
040091 Medical Park Hospital (North Park Hospital)	Merger	HTI merger	09/01/88	05/11/99
040107 DeQueen Regional Medical Center	Merger	HTI merger	10/01/84	05/11/99
040116 Doctor's Hospital (Little Rock)	Merger	HCA merger	08/26/81	02/01/98
050215 San Jose Medical Center	Asset Purchase/Exchange	Asset purchase from Good	12/13/95	
050264 San Leandro Hospital	Merger	Galen merger	02/02/78	05/11/99
050328 West Side Hospital	Merger	HTI merger	02/02/78	07/01/96
050331 Healdsburg General Hospital	Merger	HTI merger	09/01/88	11/16/98
050380 Good Samaritan Hospital COL Mission Oaks	Merger	HTI purchase	01/01/96	02/01/99
050385 Palm Drive Hospital	Merger	HTI merger	01/01/71	05/11/99
050424 Green Hospital of Scripps Clinic	Merger	HCA closed this facility 2/7/92	04/27/85	10/31/91
050426 West Anaheim Medical Center	Merger	Galen merger	02/02/78	05/11/99
050456 Community Hospital Gardena	Merger	Community Hospital of Gardena,	08/26/81	12/31/91
050481 West Hills Regional Medical Center	Merger	Galen merger	01/01/85	
050526 Huntington Beach Medical Center	Merger	Galen merger	01/01/85	05/11/99
050549 Los Robles Regional Medical Center	Merger	HCA merger	01/01/71	
050585 San Clemente Hospital & Medical Center	Joint Venture	Limited liability partnership	05/18/95	05/05/98
050586 Chino Valley (Hospital) Medical Center	Merger	HTI merger	08/26/81	
050598 Mission Bay Hospital	Merger	HTI merger	09/01/88	05/11/99
050685 South Valley Hospital	Asset Purchase/Exchange	Asset purchase from Good	01/04/96	
060014 Presbyterian/St. Luke's Medical Center	Joint Venture	Joint Venture with HealthOne	10/31/95	
060032 Rose Medical Center	Joint Venture	Contribution / Columbine to lease	04/27/95	10/31/95
060034 Swedish Medical Center (Rocky Mountain	Joint Venture	Joint Venture with HealthOne	10/31/95	
060065 North Suburban (Medical Center) - JV	Merger	Galen merger	02/02/78	10/31/95
060087 Aurora Regional Medical Center (Medical	Merger	Galen merger	01/01/85	10/31/95
060100 Aurora Presbyterian Hospital	Joint Venture	Joint Venture with HealthOne	10/31/95	
100009 Cedars Medical Center	Joint Venture	Contribution between Cedars and	02/17/93	
100054 Twin Cities Hospital (Niceville-Valparaiso	Merger	HCA merger	07/11/78	
100059 Miami Heart (Institute) - North (Miami Beach	Asset Purchase/Exchange	Asset purchase from St. Francis	04/17/91	
100060 Miami Heart Institute South (consolidated	Asset Purchase/Exchange	Asset purchase from St. Francis	01/03/92	01/01/92
100068 Medical Center - Peninsula	Merger	HCA merger	01/01/87	05/17/96
100080 JFK Medical Center	Stock Purchase	Stock purchase from JFK Medical	07/14/95	
100089 Kissimmee Memorial Hospital	Merger	BAMI merger	07/15/92	08/12/93
100100 Victoria Hospital (merged with Victoria	Joint Venture	Contribution between Cedars and	12/01/88	02/17/93
100107 East Pointe Hospital	Merger	HTI merger	07/01/81	
100108 Hamilton Memorial Hospital	Asset Purchase/Exchange	Asset purchase from The Board of	12/13/94	
100110 Medical Center - Osceola (Humana Hospital -	Merger	Galen merger	03/08/74	
100121 Bartow Memorial Hospital (Bartow	Joint Venture	Contribution agreement between	08/16/96	05/11/99
100122 North Okaloosa Medical Center	Merger	HTI merger	07/11/78	03/15/96
100124 Santa Rosa Medical Center	Merger	HTI merger	04/27/85	05/17/96
100131 Aventura Hospital and Medical Center	Merger	Galen merger	02/02/78	
100156 Lake City Medical Center	Merger	HTI merger	09/01/88	
100161 Medical Center - Sanford (Central Florida	Merger	HCA merger	01/01/80	
100162 Winter Park Memorial Hospital	Joint Venture	Contribution agreement between	03/01/94	
100166 Sarasota Doctor's Hospital	Asset Purchase/Exchange	Asset purchase from Doctor's	03/04/94	
100167 Plantation General Hospital	Merger	HTI merger	10/01/79	
100174 Clearwater Community Hospital	Merger	HTI merger	03/01/90	
100179 Medical University Hospital (Memorial	Stock Purchase	Stock purchase from Memorial	01/03/95	
100180 St. Petersburg Medical Center (Humana	Merger	Galen merger	03/08/74	
100189 Northwest Medical Center (Northwest	Merger	HCA merger	08/26/81	
100191 New Port Richey Hospital	Merger	HCA merger	07/01/78	
100195 Pompano Beach Medical Center (Humana	Merger	Galen merger	02/02/78	12/17/98

Periods of Ownership for Columbia/HCA Facilities

<u>Provide Name</u>	<u>Acq. Type</u>	<u>How Acquired</u>	<u>Acquired</u>	<u>Sold</u>
100204 North Florida Regional Medical Center	Merger	HCA merger		
100207 Palm Beach Regional Hospital	Merger	HTI merger	02/06/73	
100208 Deering Hospital (Miami Dade General)	Asset Purchase/Exchange	Asset purchase from HCA	07/01/80	08/21/95
100209 Kendall Regional Medical Center	Asset Purchase/Exchange	Asset purchase from AMI	02/16/83	
100211 Dade City Hospital	Merger	Galen merger	03/20/91	
100212 Ocala Regional Medical Center	Merger	HCA merger	03/08/74	
100213 Blake Medical Center	Merger	HCA merger	09/24/73	
100220 Regional Medical Center SW Florida	Merger	HCA merger	07/01/79	
100221 Park Medical Center (formerly Humana)	Merger	BAMI merger	07/15/92	
100223 Fort Walton Beach Medical Center	Merger	Galen merger	03/08/74	
100224 University Hospital & Medical Center	Asset Purchase/Exchange	Galen merger	07/22/74	
100228 Westside Regional Medical Center (Humana)	Merger	Asset purchase by HCA from	01/01/87	
100229 Medical Center - Daytona (Humana Hospital)	Merger	Galen merger	09/03/73	
100230 Pembroke Pines Hospital (Humana Hospital)	Merger	Galen merger	03/08/74	
100231 West Florida Regional Medical Center	Merger	Galen merger	01/01/90	07/01/95
100232 Putnam Medical Center	Merger	HCA merger	05/12/75	
100234 Columbia Hospital (Humana Hospital - Palm)	Merger	HCA merger	08/29/75	
100235 University Hospital (University General)	Asset Purchase/Exchange	Galen merger	02/02/78	
100236 Fawcett Memorial Hospital	Merger	Acquired - Exchange Agreement	02/09/95	05/01/98
100238 Northside Medical Center (Hospital)	Merger	BAMI merger	07/15/92	
100239 Edward White Hospital	Merger	Galen merger	07/12/82	
100242 Gulf Coast Medical Center (Panama City)	Merger	HTI merger	03/01/77	
100243 Brandon Regional Medical Center (Brandon)	Merger	HCA merger	01/02/77	
100246 Lawnwood Regional Medical Center	Merger	Galen merger	07/26/78	
100248 Largo Medical Center	Merger	HCA merger	01/01/78	
100252 Raulerson Hospital	Merger	HCA merger	06/05/78	
100254 Tallahassee Community Hospital	Merger	HCA merger	02/09/79	
100256 Regional Medical Center at Bayonet Point	Merger	HCA merger	09/11/79	
100259 South Bay Hospital	Merger	HCA merger	10/03/79	
100260 Medical Center - Port St. Lucie	Merger	HTI merger	12/06/82	
100264 Regional Medical Center Oak Hill	Merger	HCA merger	10/01/83	
100267 Englewood Community Hospital	Merger	HCA merger	06/06/84	
100269 Palms West Hospital	Merger	BAMI merger	07/15/92	
100279 Gulf Coast Hospital (Ft. Myers)	Merger	HTI merger	03/06/86	
110020 Peachtree Regional Hospital (Humana)	Merger	BAMI merger	01/01/91	
110030 Cartersville Medical Center	Merger	Galen merger	01/01/82	
110033 Northlake Regional Medical Center (Doctor's)	Merger	Galen merger	01/01/85	
110045 Barrow Memorial Hospital (Barrow Medical)	Merger	HCA merger	12/01/85	
110050 Murray Medical Center	HTI merger		09/01/88	05/11/99
110120 Polk General Hospital, Inc.	Asset Purchase/Exchange	Asset purchase from Hospital	12/07/94	03/06/98
110125 Fairview Park Hospital (Lauren's Memorial)	Asset Purchase/Exchange	Asset purchase from Polk General	07/02/96	
110163 Palmyra Medical Center	Merger	HCA merger	03/28/81	
110164 Coliseum Medical Center	Merger	HCA merger	02/01/71	
110168 Redmond Regional Medical Center	Merger	HCA merger	02/15/71	
110169 Metropolitan Hospital	Merger	HCA merger	07/04/72	
110171 West Paces Medical Center	Asset Purchase/Exchange	Asset exchange with Quorum	05/01/94	
110172 Dunwoody Medical Center	Merger	HCA merger	10/02/72	
110177 Augusta Medical Center	Asset Purchase/Exchange	HCA asset exchange with	05/01/94	
110179 Parkway Medical Center	Merger	Galen merger	02/02/78	
110186 Doctor's Hospital (Columbus)	Merger	HCA merger	01/01/80	
110188 Lanier Park Regional Hospital	Merger	HTI merger	05/01/76	
110192 Eastside Medical Center (Gwinnett)	Merger	HTI merger	06/12/77	
110200 Hughston Sports Medicine Hospital	Merger	Galen merger	02/02/78	
130014 West Valley Medical Center	Merger	HCA merger	10/25/84	
130018 Eastern Idaho Regional Medical Center	Merger	HTI merger	01/01/73	
140065 LaGrange Memorial Hospital	HTI merger		03/05/90	
140075 Michael Reese Hospital & Medical Center	Asset Purchase/Exchange	Asset purchase from LaGrange	07/28/95	02/01/99
140207 Grant Hospital of Chicago (Columbia Grant)	Merger	Galen merger	03/01/91	11/12/98
140290 Hoffman Estates Medical Center	Asset Purchase/Exchange	Asset purchase from Grant	01/26/94	11/12/98
150046 Terre Haute Regional Hospital	Merger	Galen merger	01/01/85	02/01/99
150136 Women's Hospital, The - (of) Indianapolis	Merger	HTI merger	07/01/75	
170123 Wesley Medical Center	Merger	Galen merger	08/01/83	
170144 Halstead Hospital	Merger	HCA merger	06/24/85	
170175 Western Plains Regional Hospital (Humana)	Asset Purchase/Exchange	Asset exchange with Paracelsus	05/17/96	05/11/99
170176 Overland Park Regional Medical Center	Merger	Galen merger	12/27/76	05/11/99
180007 Hospital Lexington (a/k/a Good Samaritan)	Merger	Galen merger	12/17/78	05/11/99
180014 Audubon Regional Medical Center	Asset Purchase/Exchange	Asset purchase	07/28/95	
	Merger	Galen merger	01/27/80	09/02/98

Periods of Ownership for Columbia/HCA Facilities

<u>Provide Name</u>	<u>Acq. Type</u>	<u>How Acquired</u>	<u>Acquired</u>	<u>Sold</u>
180019 Meadowview Regional Medical Center	Merger	HTI merger	12/09/81	05/11/99
180024 Spring View Hospital	Merger	HTI merger	02/27/80	11/02/98
180046 Bourbon Community Hospital (Hospital)	Merger	HTI merger	06/17/80	05/11/99
180066 Logan Memorial Hospital	Merger	HTI merger	07/01/85	05/11/99
180101 Hospital Georgetown (Georgetown)	Merger	HTI merger	01/01/87	05/11/99
180116 Pine Lake Regional Hospital	Merger	HTI merger	06/01/69	05/11/99
180123 Suburban Hospital	Merger	Galen merger	06/01/74	09/01/98
180124 Greenvview Regional Hospital	Merger	HCA merger	09/12/72	
180127 Hospital Frankfort	Merger	HCA merger	07/09/74	
180132 Lake Cumberland Regional Hospital	Merger	Galen merger	05/13/76	05/11/99
180133 Southwest Hospital	Merger	Galen merger	09/04/78	09/01/98
180137 University of Louisville (Hospital)	Merger	Galen merger	09/12/83	02/06/96
190003 Dauterive Hospital	Merger	HTI merger	08/26/81	
190025 Savoy Medical Center	Merger	HTI merger		
190026 Rapides Regional Medical Center	Joint Venture	Joint Venture	09/01/94	
190088 Springhill Medical Center	Merger	Galen merger	01/01/74	05/11/99
190090 Winn Parish Medical Center	Merger	Galen merger	06/01/74	
190092 Elmwood Medical Center (Jefferson Medical)	Asset Purchase/Exchange	Asset and stock exchange between	11/28/95	05/11/99
190099 Avoyelles Hospital	Merger	Galen merger	05/03/74	
190106 Oakdale Community Hospital	Merger	Galen merger	05/03/74	
190112 Highland Hospital	Merger	HCA merger	08/26/81	
190167 Ville Platte Medical Center (Humana)	Merger	Galen merger	05/03/74	09/01/96
190176 Tulane University Hospital and Clinic	Merger	Contribution between Columbia	04/01/95	
190177 Lakeview Regional Medical Center	Merger	HTI merger	05/04/94	
190182 Lakeside Hospital	Merger	HTI merger	10/01/78	
190191 Doctor's Hospital of Opelousas	Merger	HTI merger	09/01/88	
190196 Women's & Children's Hospital	Merger	HTI merger	06/06/83	
190197 North Monroe Hospital	Merger	HCA merger	08/15/83	
190200 Lakeland Medical Center	Merger	Galen merger	08/29/84	
190201 Women & Children's Hospital - Lake Charles	Merger	Galen merger	10/21/84	05/11/99
190202 Medical Center of Baton Rouge	Merger	HTI merger	02/01/85	10/01/98
190205 Medical Center - Southwest Louisiana	Merger	HTI merger	06/25/85	
190207 Riverview Medical Center	Merger	HTI merger	09/01/88	05/11/99
250031 Vicksburg Medical Center	Merger	HTI merger	08/01/82	
250123 Garden Park Community Hospital, Ltd.	Merger	HTI merger	05/05/94	
260095 Independence Regional Health Center	Asset Purchase/Exchange	Asset purchase from Reorganized	02/03/94	05/11/99
260197 Hospital North and South	Merger	HTI merger	09/01/88	07/31/98
290003 Sunrise Hospital & Medical Center	Merger	Galen merger	02/02/78	
290039 Mountain View Hospital	Merger	New-1996	02/01/96	
300017 Parkland Medical Center	Merger	HCA merger	07/01/82	
300029 Portsmouth Regional Hospital	Merger	HCA merger	03/01/86	
320063 Medical Center - Carlsbad (Guadeloupe)	Merger	HCA merger	08/21/77	05/11/99
320065 Lea Regional Medical Center	Merger	HCA merger	04/01/79	05/11/99
340094 Cape Fear Memorial Hospital	Asset Purchase/Exchange	Asset purchase	05/01/96	11/01/98
340107 Heritage Hospital	Merger	HTI merger	10/01/79	11/02/98
340144 Davis Community Hospital	Merger	HTI merger	10/01/79	11/19/98
340153 Presbyterian Orthopedic Hospital	Merger	HTI merger	08/26/81	07/31/98
340158 Brunswick Hospital	Merger	HTI merger	07/01/83	
340164 Highsmith-Rainey Memorial Hospital	Merger	HCA merger	05/14/83	05/03/99
360037 St. Vincent Charity	Joint Venture	Joint Venture - Sisters of Charity	11/02/95	
360070 Mercy Medical Center	Joint Venture	Joint Venture - Sisters of Charity	11/02/95	
360123 St. John West Shore Hospital	Joint Venture	Joint Venture - Sisters of Charity	11/02/95	
370026 St. Mary's Medical Center	Merger	HCA merger	11/02/95	
370039 Claremore Regional Hospital	Merger	HTI merger	04/01/85	09/30/95
370078 Tulsa Regional Medical Center	Asset Purchase/Exchange	Asset purchase from EPIC	09/01/88	05/11/99
370093 Presbyterian Hospital (operating in	Merger	HCA merger	01/01/96	12/31/98
370097 Southwestern Medical Center	Merger	HTI merger	10/01/85	
370141 Doctor's Hospital - Tulsa	Merger	HTI merger	05/04/94	
370148 Edmond (Regional) Medical Center	Merger	HTI merger	09/01/88	12/31/98
370159 Bethany (Hospital Health Center)	Merger	HTI merger	01/01/81	
370166 Wagoner Community Hospital	Merger	Owned by the City of Bethany,	04/01/95	
380064 Douglas Medical Center (Community)	Merger	HTI merger	06/01/79	05/11/99
380071 Williamette Valley Medical Center	Merger	HTI merger	03/01/86	05/11/99
420026 Providence Hospital	Joint Venture	HTI merger	01/01/71	
420030 Colleton Regional Hospital	Merger	C/HCA acquired in Joint Venture	11/01/95	
420054 Marlboro Park Hospital	Merger	HTI merger	01/01/82	
420062 Chesterfield General Hospital		Marlboro Park Hospital,	10/01/81	01/13/93
		Chesterfield General Hospital,	03/01/81	01/13/95

Periods of Ownership for Columbia/HCA Facilities

<u>Provide Name</u>	<u>Acq. Type</u>	<u>How Acquired</u>	<u>Acquired</u>	<u>Sold</u>
420079 Trident Regional Medical Center	Merger	HCA merger	07/21/75	
420082 Aiken Regional Medical Center	Merger	HCA merger	02/23/76	07/07/95
420085 Grand Strand Regional Medical Center	Merger	HCA merger	04/21/78	
440006 Nashville Memorial Hospital	Merger	HTI merger	12/06/93	
440018 Sycamore Shoals Hospital	Merger	HTI merger	07/01/81	09/01/98
440020 Hillside Hospital	Asset Purchase/Exchange	Stock purchase from Goodlark	03/15/96	05/11/99
440046 Horizon Medical Center (Goodlark Regional)	Stock Purchase	HTI merger	03/01/74	
440058 Southern Tennessee Medical Center	Merger	HCA merger	06/01/93	05/11/99
440061 Volunteer General Hospital	Merger	HTI merger	07/01/80	06/01/98
440064 South Pittsburg (Municipal) Hospital	Merger	HCA merger	08/26/71	
440068 Athens Regional Medical Center	Merger	HTI merger	10/16/78	
440105 Johnson City Specialty Hospital	Merger	HTI merger	10/01/81	11/02/98
440148 DeKalb General Hospital	Merger	Dekalb General Hospital,	01/01/69	07/31/92
440149 Trinity Hospital	Merger	HTI merger	01/01/69	05/11/99
440150 Summit Medical Center (Replaced Donelson)	Merger	HCA merger	01/01/70	
440151 River Park Hospital	Merger	HTI merger	03/01/70	
440156 Parkridge Medical Center	Merger	HCA merger	01/01/71	
440175 Crockett General Hospital	Merger	HTI merger	02/25/88	05/11/99
440176 Indian Path Medical Center	Merger	HCA merger	03/01/74	11/02/98
440178 East Ridge Hospital (part of Parkridge)	Merger	Galen merger	01/01/76	08/31/96
440184 Northside Hospital	Merger	HTI merger	05/01/80	10/16/98
440186 Smith County Memorial Hospital	Merger	HTI merger	04/06/78	05/11/99
440187 Livingston Regional Hospital	Merger	HCA merger	07/14/76	05/11/99
440189 Regional Hospital of Jackson	Merger	HTI merger	05/01/78	05/01/98
440194 Hendersonville Hospital	Merger	HCA merger	08/26/81	
440197 Southern Hills Medical Center	Merger	HTI merger	10/15/79	
440200 Stones River Hospital	Merger	HTI merger	11/20/80	
440205 Cheatham Medical Center	Stock Purchase	Stock purchase of Goodlark		
450070 Gilmer Medical Center	Merger	HTI merger	09/17/87	10/28/95
450074 Southside Community Hospital	Asset Purchase/Exchange	Asset purchase	10/19/90	07/13/93
450087 North Hills Hospital (formerly Glenview)	Merger	HCA merger	08/26/81	
450094 Medical Center - Dallas SW	Asset Purchase/Exchange	C/HCA acquired in asset	07/07/95	
450097 Bayshore Medical Center	Merger	HTI merger	11/25/68	
450099 Medical Center - Pampa (Panhandle)	Merger	HTI merger	04/01/79	05/11/99
450107 Medical Center - West (Sun Towers)	Asset Purchase/Exchange	HCA sub, El Paso Healthcare	01/01/87	
450111 Humana Hospital - Southmore	Merger	Humana sold this facility to	01/01/85	08/30/90
450118 Doctor's Regional Medical Center	Merger	Galen merger	01/01/78	
450126 East Houston Medical Center	Merger	HTI merger	08/26/81	08/01/98
450142 HEB Hospital a/k/a Northeast Community	Merger	HTI merger	08/26/81	05/31/96
450147 DeTar Hospital	Merger	HTI merger	01/01/72	05/11/99
450214 Gulf Coast Medical Center (Wharton)	Merger	HTI merger	06/01/83	05/11/99
450222 Conroe Regional Medical Center	Merger	Galen merger	05/14/93	
450299 Medical Center College Station (Brazos)	Merger	HEI merger	06/01/74	05/11/99
450320 Rosewood Medical Center	Merger	C/HCA acquired the facility from	07/01/90	
450340 San Angelo Community Medical Center	Merger	HTI merger	03/15/95	05/11/99
450393 Community Medical Center of Sherman	Merger	HTI merger	09/01/88	05/11/99
450403 Medical Center - McKinney (North Texas)	Stock Purchase	Stock purchase from American	09/01/88	
450418 Bellaire Medical Center	Merger	HCA merger	04/01/92	
450447 Navarro Regional Hospital	Merger	HTI merger	01/01/80	05/11/99
450484 Woodland Heights Medical Center	Merger	Diagnostic Center Hospital,	11/01/81	05/11/99
450523 Diagnostic Center Hospital	Merger	HTI merger	11/06/69	08/31/93
450530 Mainland Medical Center (Danforth)	Merger	HTI merger	09/01/88	
450538 Alvin Medical Center	Merger	HTI merger	09/01/88	
450544 North Houston Med. Center (f/k/a	Asset Purchase/Exchange	Asset purchase from AMI, Inc.	04/01/92	08/31/94
450546 Heights Hospital	Merger	Galen merger	01/01/85	05/01/94
450558 Abilene Regional Medical Center	Merger	HEI merger	07/01/90	05/11/99
450570 Silsbee Doctors Hospital	Merger	HTI merger	08/29/80	05/11/99
450587 Brownwood Regional Medical Center	Merger	HTI merger	09/01/88	
450605 North Bay Hospital (Coastal Bend Hospital)	Merger	Galen merger	01/01/83	
450617 Clear Lake Regional Medical Center	Merger	HCA merger	08/26/81	
450630 Spring Branch Medical Center	Merger	Galen merger	02/02/78	
450631 San Antonio Regional Hospital (Humana)	Merger	Galen merger	05/01/83	01/11/95
450633 Metropolitan Methodist Hospital (Humana)	Merger	HTI merger	09/01/88	
450634 Medical Center - Denton (Denton Regional)	Merger	HCA merger	09/01/88	05/11/99
450643 Doctor's Hospital of Laredo	Merger	CHC purchased from HTI (a sub	08/26/81	
450644 West Houston Medical Center	Asset Purchase/Exchange		01/01/87	
450647 Medical Center - East (Vista Hills)				

Periods of Ownership for Columbia/HCA Facilities

Provide	Name	Acq. Type	How Acquired	Acquired	Sold
450647	Medical City Dallas	Merger	Galen merger	07/22/75	
450651	Medical Center - Plano (Willow Park)	Merger	HCA merger	12/14/87	
450662	Valley Regional Medical Center	Merger	HTI merger	04/10/86	
450666	Beaumont Medical & Surgical Hospital	Merger	Galen merger	01/01/85	05/11/99
450669	Medical Center - Lewisville	Merger	HCA merger	07/16/87	
450672	Plaza Medical Center of Ft. Worth	Merger	HCA merger	01/01/83	
450674	Woman's Hospital of Texas (Women's & Children's)	Merger	HCA merger	01/01/78	
450675	Medical Center - Arlington	Merger	HCA merger	09/01/76	
450683	Medical Center - Terrell	Merger	HCA merger	05/04/94	05/11/99
450694	El Campo Memorial Hospital	Merger	HTI merger	09/17/87	01/31/96
450696	Medical Arts Hospital - Dallas	Merger	HTI merger	09/01/88	03/13/98
450702	Longview Regional Hospital	Merger	HTI merger	06/16/80	05/11/99
450703	Medical Arts Hospital - Texarkana	Merger	HTI merger	09/01/88	12/31/97
450706	Katy Medical Center	Merger	HTI merger	09/01/88	
450711	Rio Grande Regional Hospital	Merger	HCA merger	08/27/82	
450713	South Austin Community Hospital	Merger	HCA merger	09/22/82	05/03/96
450715	Medical Center - Lancaster (Midway Park)	Merger	HTI merger	01/03/83	
450717	Fort Bend Medical Center	Merger	HTI merger	09/01/88	
450718	St. David's Round Rock Hospital (Medical Center)	Merger	HTI merger	09/01/88	
450725	Methodist Women's & Children's Hospital	Merger	HTI merger	07/01/84	
450733	Northeast Methodist Hospital (Village Oaks)	Merger	Galen merger	02/18/90	
450743	Denton Community Hospital	Merger	Galen merger	01/01/87	11/13/96
450774	TOPS Surgical Specialty Hospital	Merger	HCA merger	09/16/94	
450775	Kingwood Medical Center		Contribution between C/HCA	10/31/95	
450785	Surgicare Specialty Hospital		Columbia opened facility	08/31/83	
450788	Bay Area Medical Center		C/HCA acquisition	09/14/93	
450804	Texas Orthopedic Hospital	Asset Purchase/Exchange	Joint Venture - Austin Diagnostic	02/07/95	
450809	Austin Diagnostic Medical Center (North)	Joint Venture	HTI merger	07/05/95	
460005	Ogden Regional Medical Center	Merger	HTI merger	08/15/94	05/17/96
460008	Pioneer Valley Hospital	Merger	HTI merger	01/27/79	05/11/99
460011	Castleview Hospital	Merger	HTI merger	02/01/79	
460013	Mountain View Hospital	Merger	HTI merger	10/01/77	
460017	Brigham City Community Hospital (Cooley)	Merger	HTI merger	07/31/76	
460030	Ashley Valley Medical Center	Merger	HTI merger	01/01/80	05/11/99
460041	Davis Hospital & Medical Center	Merger	HTI merger	01/11/76	05/17/96
460042	Lakeview Hospital (South Davis Community)	Merger	Galen merger	09/19/76	
460047	St. Mark's Hospital	Merger	HTI merger	12/31/87	
490014	Pentagon City Hospital (was National Hosp.)	Joint Venture	HCA merger	11/01/96	
490020	John Randolph Medical Center	Asset Purchase/Exchange	Joint Venture - Arlington	09/01/95	
490028	Johnston-Willis Hospital	Asset Purchase/Exchange	Asset purchase from Hopewell	11/08/68	01/01/94
490048	Lewis-Gale Medical Center	Merger	HCA merger	01/01/87	
490050	Arlington Hospital	Merger	HCA merger	11/01/96	
490060	Clinch Valley Medical Center	Joint Venture	Joint venture with the Board of	08/26/81	
490071	Retreat Hospital, The	Merger	Galen merger	07/01/95	
490073	Northern Virginia Doctors Hospital	Asset Purchase/Exchange	Asset purchase from Retreat	11/01/82	05/17/99
490107	Reston Hospital Center (was 34633)	Merger	HTI merger	11/09/86	11/01/99
490110	Montgomery Regional Hospital	Merger	HCA merger	08/30/71	
490112	Chippendale Medical Center (Johnston-Willis)	Merger	HTI merger	09/01/72	
490116	Pulaski Community Hospital	Merger	HCA merger	09/15/73	
490118	Henrico Doctors Hospital	Merger	HTI merger	08/26/81	
490126	Alleghany Regional Hospital	Stock Purchase	HCA merger	07/01/95	
500139	Capital Medical Center	Merger	Stock Purchase from Alleghany	02/01/85	
510002	Greenbrier Valley Medical Center	Merger	HTI merger	01/01/74	11/19/99
510031	St. Francis Hospital	Merger	Galen merger	02/28/95	
510033	St. Joseph's Hospital (50/50 JV)	Joint Venture	Galen merger	08/01/96	
510067	St. Luke's Hospital (Humana Hospital St. Joseph's)	Merger	Joint Venture - St. Joseph's	04/30/74	02/01/99
510070	Beckley Hospital	Stock Purchase	Galen merger	06/13/97	
510085	Putnam General Hospital	Merger	Stock purchase following asset	03/01/85	05/17/99
530008	Riverton Memorial Hospital	Merger	HCA merger	11/05/81	
054078	Columbia Las Encinas Hospital	Merger	HTI merger	NA	
064010	Columbine Psychiatric Center			NA	
114015	Columbia Coliseum Psychiatric hospital			NA	
144005	Columbia Chicago Lakeshore Hospital			NA	
144009	Columbia Riveredge Hospital			NA	
144031	Columbia Woodland Hospital			NA	
194000	Columbia Depaul Hospital			NA	
344014	Holly Hill Charter Behavioral Health Systems			NA	

Periods of Ownership for Columbia/HCA Facilities

<u>Provide</u>	<u>Name</u>	<u>Acq. Type</u>	<u>How Acquired</u>	<u>Acquired</u>	<u>Sold</u>
444012	Columbia Indian Path Medical Center			NA	NA
453034	Columbia Rehabilitation of South Texas			NA	NA
454069	Pavilion at St. Davids'			NA	NA
494001	Columbia Peninsula Center for Behavioral			NA	NA

Attachment No. 2

Current and Former C
(Includes all parent corporations)

C/HCA OWNERSHIP STATUS

Name	MC #	How C/HCA acquired	C/HCA OWNERSHIP STATUS	Start Date	End Date	State	City/Abbrev
Willow Creek Hospital		Asset Purchase	Sold to Adventist Health Systems, Inc.	1/1/87	8/12/93	TX	
Thomasville Hospital	01-0015	BAMH merger	Sold to S&J Corporation	3/31/91	8/17/93	AL	Thomasville
Andalusia Hospital	01-0016	HTI merger	Lifepoint Spin-Off	7/1/75	5/11/99	AL	Andalusia
Medical Center - Enterprise Montgomery)	01-0049	Galen merger	Exchanged with Quorum Health Group (swapped for Metropolitan/Atlanta)	1/1/85	5/1/94	AL	Enterprise
Northwest Medical Center	01-0081	Galen merger	Sold to Baptist Health	1/1/89	9/1/98	AL	Montgomery
Northridge Medical Center (previously Autauga)	01-0094	Galen merger	Sold to Eliza Coffee Memorial Hospital	1/1/74	11/2/98	AL	Russellville
Four Rivers Medical Center (Selma Medical Center)	01-0108	Holdings, Inc.	Sold to Baptist Health	11/9/95	9/1/98	AL	Prattville
	01-0118	HTI merger	Sold to Baptist Health	7/13/70	11/2/98	AL	Selma
Doctor's Hospital of Mobile	01-0119	Doctor's Hospital of Mobile, AL, sold	Sold to University of South Alabama	12/20/71	5/31/90	AL	Mobile
Fluence Hospital	01-0123	Galen merger	Sold to Eliza Coffee Memorial Hospital	6/1/74	10/1/98	AL	Fluence
Medical Center - Shoals	01-0124	Galen merger	Sold to Eliza Coffee Memorial Hospital	6/1/74	11/2/98	AL	Muscle Shoals
Medical Center of Huntsville	01-0127	Galen merger	Sold to the Healthcare Authority, City of Huntsville	5/2/63	3/23/94	AL	Huntsville
Crestwood Hospital (Med. Ctr. of Huntsville)	01-0131	HTI merger	Triad Spin-Off	1/1/69	5/11/99	AL	Huntsville
East Montgomery Medical Center	01-0149	Galen merger	Sold to Baptist Health	4/18/83	9/1/98	AL	Montgomery
Knollwood Park Medical Center	01-0152	5/31/90 by HTI to University of South Alabama (renamed USA Knollwood)	Sold to University of South Alabama	9/17/87	5/31/90	AL	Mobile
Alaska Regional Hospital	02-0017	Galen merger	Active	12/4/81		AK	Anchorage
Phoenix Regional Medical Center (Humana Hospital - Phoenix)	03-0006	Galen merger	Triad Spin-Off	2/2/78	5/11/99	AZ	Phoenix
El Dorado Medical Center (Hospital)	03-0080	HTI merger	Triad Spin-Off	1/1/78	5/11/99	AZ	Tucson
Paradise Valley Hospital (Humana Hospital Desert Valley)	03-0083	Galen merger	Triad Spin-Off	1/1/83	5/11/99	AZ	Phoenix
Northwest Hospital	03-0085	HTI merger	Triad Spin-Off	9/17/87	5/11/99	AZ	Tucson
Paradise Valley Psychiatric Services	03-0020	Opened by Columbia/HCA sub	Triad Spin-Off	7/1/94	5/11/99	AZ	Phoenix
Medical Center - South Arkansas	04-0088	Foundation	Triad Spin-Off	2/27/96	5/11/99	AR	El Dorado
Medical Park Hospital (North Park Hospital)	04-0091	HTI merger	Triad Spin-Off	9/1/88	5/11/99	AR	Hope
DeQueen Regional Medical Center	04-0107	HTI merger	Triad Spin-Off	10/1/84	5/11/99	AR	DeQueen
Doctor's Hospital (Little Rock)	04-0116	HCA merger	Sold to St. Vincent Infirmary Medical Center	8/26/81	2/1/98	AR	Little Rock
Riverside Community Hospital	05-0022	Agreement	Active	4/7/97		CA	Riverside
Brotman Medical Center	05-0114	May 31, 1989 by HTI to Republic Health Corporation (Orinda), a Delaware corporation.	Sold by HTI prior to merger	1/1/87	5/31/89	CA	Culver City
Encino Tarzana Regional Medical Center	05-0158	HTI merger	IV with Tenet	8/26/81	1/1/93	CA	Encino
Valley Medical Center	05-0186	Sold by HTI 2/17/93	Sold	9/1/89	3/16/93	CA	El Cajon

Current and Former Co. /HCA Hospitals
(Includes all parent corporations)

Name	MC #	How C/HCA acquired	C/HCA OWNERSHIP STATUS	Start Date	End Date	State	City/Abbrev
San Jose Medical Center	05-0215	Healthcare System	Active	12/13/95		CA	San Jose
San Leandro Hospital	05-0264	Galen merger	Triad Spin-Off	2/2/78	5/11/99	CA	San Leandro
West Side Hospital	05-0328	HTI merger	Sold to Westside Hospital, LLC	2/2/78	7/1/96	CA	Los Angeles
Healdsburg General Hospital	05-0331	HTI merger	Sold to Neuro Hospital, Inc.	9/1/88	11/16/98	CA	Healdsburg
Humana Hospital-Westminster	05-0368	Sold by Galen 10/15/92	Sold by Galen prior to merger	1/1/85	10/15/92	CA	Westminster
Good Samaritan Hospital C/O Mission Oaks Hospital	05-0380	HTI purchase	Operations consolidated with Good Samaritan Hospital (COL Mission Oaks)	1/1/90	2/1/99	CA	San Jose
Palmdale Hospital	05-0385	HTI merger	Triad Spin-Off	1/1/71	5/11/99	CA	Sebastopol
Visalia Community Hospital	05-0418	8/31/94 by HTI to Kaweah Delta Hospital District.		5/4/94	8/31/94	CA	Visalia
Green Hospital of Scripps Clinic	05-0424	HICA closed this facility 2/7/92	Lease terminated	4/27/85	10/31/91	CA	San Diego
West Anaheim Medical Center	05-0426	Galen merger	Triad Spin-Off	2/2/78	5/11/99	CA	Anaheim
Community Hospital Gardena	05-0456	sold 12/31/91 by HTI to Gardena Physicians Hospital, Inc.	Sold by HTI prior to merger	8/26/81	12/31/91	CA	Gardena
Ukiah Hospital	05-0473			1/1/87	8/7/88	CA	
West Hills Regional Medical Center	05-0481	Galen merger	Active	1/1/85		CA	West Hills
Huntington Beach Medical Center	05-0526	Galen merger	Triad Spin-Off	1/1/85	5/11/99	CA	Huntington Beach
Los Robles Regional Medical Center	05-0549	HICA merger	Active	1/1/71		CA	Thousand Oaks
La Habra Community Hospital	05-0565			1/1/87	3/31/88	CA	
San Clemente Hospital & Medical Center	05-0585	w/Samaritan Health Sys. & COL/HICA San Clemente, Inc.	Lease Expired	5/18/95	5/5/98	CA	San Clemente
Chino Valley (Hospital) Medical Center	05-0586	HTI merger	Active	8/26/81		CA	Chino
Westlake Medical Center	05-0593	Universal Health Services, Inc.	Consolidated with Columbia Los Angeles Hospital	7/7/95	7/25/96	CA	Westlake Village
Mission Bay Hospital	05-0598	HTI merger	Triad Spin-Off	9/1/88	5/11/99	CA	San Diego
South Valley Hospital	05-0685	Healthcare System		12/13/95	8/24/99	CA	Gilroy
Woodview-Calabasas Hospital	05-4049	HAI acquisition	Closed	8/26/81	3/31/93	CA	Calabasas
Las Encinas Hospital	05-4078	HICA merger	Active	1/1/87		CA	Pasadena
Cedar Vista Psychiatric Hospital	05-4091	HICA built	sold	10/1/87	1/1/94	CA	Fresno
Canyon Ridge Hospital	05-4111	HICA built	Active	10/1/87	1/1/94	CA	Chino
Presbyterian/St. Luke's Medical Center	06-0014	Joint Venture with HealthOne	Contributed to Joint Venture with HealthOne	10/31/95		CO	Denver
Rose Medical Center	06-0032	Rose	Active	4/27/95		CO	Denver
Swedish Medical Center (Rocky Mountain Rehab combined)	06-0034	Joint Venture with HealthOne	Contributed to JV with HealthOne	10/31/95		CO	Englewood
Mountainview	06-0165	Galen merger	Contributed to HealthONE Joint Venture	2/2/78		CO	Thornton
Aurora Regional Medical Center (Medical Center of Aurora)	06-0087	Galen merger	Active	1/1/85		CO	Aurora
Aurora Presbyterian Hospital	06-0100	Joint Venture with HealthOne		10/31/95		CO	Aurora

Current and Former C
(includes all parent corporations)

MC #	How C/HCA acquired	C/HCA OWNERSHIP STATUS	Start Date	End Date	State	City/Abbrev
06-3027	Spalding Rehabilitation Hospital (Columbia)	Joint Venture with HealthOne	Active	10/31/95	CO	Aurora
06-3209	Columbine Psychiatric Center	Acquired from Spalding Rehabilitation LLC	Active	10/31/95	CO	Aurora
06-4010	Bellesda Psych Hospital	CHC acquired from HICA	Contributed to joint Venture with HealthOne	1/1/87	CO	Littlton
06-5014		Joint Venture with HealthOne	Active	10/31/95	CO	Denver
08-4002	Rockford Center, The	HICA merger	Sold to Charter Rockford Behavioral Health Sys., Inc.	1/1/87	DE	Newark
10-0009	Cedars Medical Center	(Columbia)	Active	2/17/93	FL	Miami
10-0054	Ivins Cities Hospital (Nkeville-Valparaiso Hospital; n/k/a Palm Coast Community Hospital)	HICA merger	Active	7/11/78	FL	Niceville
10-0056	North Beach Community Hospital	North Beach Hospital, Fort Lauderdale, FL, sold 3/31/90 by HTI to Cleveland Clinic Foundation	Sold prior to HTI merger	8/26/81	FL	Fort Lauderdale
10-0059	Institute South	Asset purchase from St. Francis Hospital	Active	4/17/91	FL	Miami
10-0060	Medical Center - Peninsula	Asset purchase from St. Francis Hospital	Consolidated with Miami Heart - North	12/18/92	FL	Miami
10-0068	JFK Medical Center	HICA merger	Exchanged with Paracelsus	1/1/87	FL	Ormond Beach
10-0080	Kissimmee Memorial Hospital	Stock purchase from JFK Medical Center, Inc.	Active	1/1/85	FL	Atlanta
10-0089		BAMF merger	Sold to Adventist Health System	7/15/92	FL	Kissimmee
10-0100	Victoria Hospital (merged with Victoria Pavilion)	(Columbia); operations consolidated with Cedars	Consolidated operations with Cedars Medical	12/1/88	FL	Miami
10-0107	East Pointe Hospital	HTI merger	Active	7/1/81	FL	Lehigh Acres
10-0108	Hamilton Memorial Hospital	Asset purchase from The Board of Trustees of Hamilton County Memorial Hospital	Active	12/13/94	FL	Jasper
10-0110	Medical Center - Osceola (Humana Hospital - Kissimmee)	Galen merger	Active	3/8/74	FL	Kissimmee
10-0118		Contribution agreement between Bartow Memorial Hospital, Inc. and HICA		1/1/86	FL	
10-0121	Bartow Memorial Hospital (Bartow Healthcare System, Ltd.)	HTI merger	Lifepoint Spin-Off	5/30/96	FL	Bartow
10-0122	North Okaloosa Medical Center	HTI merger	Sold to Community Health Systems, Inc.	7/11/78	FL	Crestview
10-0124	Santa Rosa Medical Center	HTI merger	Sold to Paracelsus Healthcare Corporation	4/27/85	FL	Milton
10-0131	Biscayne	Galen merger	Active	2/2/78	FL	Aventura
10-0152	Lake City Medical Center	Asset purchase from Abbey Health Services, Inc.	Sold to Vencor, Inc.	10/31/91	FL	Coral Gables
10-0156	Medical Center - Sanford (Central Florida Regional; Seminole Memorial Hospital)	HTI merger	Active	9/1/88	FL	Lake City
10-0161		HICA merger	Active	1/1/80	FL	Sanford
10-0162	Winter Park Memorial Hospital	Contribution agreement between Columbia and Winter Park Memorial Hospital Ass'n, Inc.	Active	3/1/94	FL	Winter Park
10-0166	Sarasota Doctor's Hospital	Sarasota, Ltd.	Active	1/1/87	FL	Sarasota

Current and Former C. HICA Hospitals
(Includes all parent corporations)

Plant	NC #	How C/HICA acquired	G/HICA OWNERSHIP STATUS	Start Date	End Date	State	City/Abbrev
Lawrence Memorial Hospital	10-0236	BAMI merger	Active	7/15/82		FL	Port Charlotte
Northside Medical Center (Hospital)	10-0238	Galen merger	Active	7/12/82		FL	St. Petersburg
Edward White Hospital	10-0239	HTI merger	Active	3/1/77		FL	St. Petersburg
Gulf Coast Medical Center (Panama City)	10-0242	HCA merger	Active	1/2/77		FL	Panama City
Brandon Regional Medical Center (Brandon Regional Hospital)	10-0243	Galen merger	Active	7/26/78		FL	Brandon
Lawnwood Regional Medical Center	10-0246	HICA merger	Active	1/1/78		FL	Fort Pierce
Harbour Shores Hospital of Lawnwood	10-0246	HICA merger	Active	1/1/78		FL	Fort Pierce
Largo Medical Center	10-0248	HICA merger	Active	6/5/78		FL	Largo
Raulerson Hospital	10-0252	HICA merger	Active	2/9/79		FL	Okechobee
Tallahassee Community Hospital	10-0254	HICA merger	Active	9/11/79		FL	Tallahassee
Regional Medical Center at Bayonet Point	10-0256	HICA merger	Active	10/3/79		FL	Hudson
South Bay Hospital	10-0259	HTI merger	Active	12/6/82		FL	Sun City Center
Medical Center - Port St. Lucie	10-0260	HICA merger	Active	10/1/83		FL	Port St. Lucie
South Seminole Community Hospital	10-0263	unknown	Active	1/1/87	11/30/92	FL	Longwood
Regional Medical Center Oak Hill	10-0264	HICA merger	Active	6/6/84		FL	Spring Hill
Englewood Community Hospital	10-0267	BAMI merger	Active	5/1/82		FL	Englewood
Palma West Hospital	10-0269	HTI merger	Closed	3/6/86		FL	Loxahatchee
Destin Hospital	10-0273	HICA merger	Closed	1/1/86	8/31/94	FL	Destin
Gulf Coast Hospital (Ft. Myers)	10-0279	BAMI merger	Active	1/1/91		FL	Fort Myers
Specialty Hospital of Jacksonville	10-2012	System, Inc.	Active	1/3/95		FL	Jacksonville
Highland Park General Hospital	10-4028			1/1/87	5/31/88	FL	Jacksonville
West Lake Hospital	10-4031	HICA merger	Consolidated	1/1/87	12/22/92	FL	Longwood
Behavioral Health Center (Doral Palms Hospital; Miami Hospital)	10-4037	Contribution between Columbia and Cedars	Contributed to Joint Venture with Cedars Healthcare				
University of South Florida - Center for Psychiatry	10-4038	Authority 2/20/93.	Group, Ltd. And Columbia Behavioral Health Ltd.				
University Pavilion	10-4044	Acquired from Florida Medical Center, Inc.	sold	6/7/96	6/7/96	FL	Miami
Grant Center of Deering	10-5208	Columbia assumed lease	sold	1/12/87	2/30/93	FL	Tampa
Grant Center Hospital of North Florida	10-5208	Forum Group, Inc. acquisition	Leased Facility	8/21/87	10/1/93	FL	Tamarac
Peachtree Regional Hospital (Humana Hospital - Newnan)	11-0020	Galen merger	closed	3/31/85	2/7/92	FL	Miami
Cartersville Medical Center	11-0030	HICA merger	Active	1/1/82		FL	Miami
Northlake Regional Medical Center (Doctor's Hospital)	11-0033	HTI merger	Active	1/1/85		GA	Newnan
Barrow Memorial Hospital (Barrow Medical Center)	11-0045	Murray County, GA	LifePoint Spin-Off	12/1/85		GA	Cartersville
Murray Medical Center	11-0050	Authority	Sold to Hamilton Healthcare Systems	9/1/88	5/11/99	GA	Tucker
Polk General Hospital, Inc.	11-0120		Active	12/7/94	3/6/98	GA	Winder
				7/2/96		GA	Cedartown

Current and Former (HICA Hospitals)
(Includes all parent corporations)

Name	MC #	How C/IICA acquired	C/IICA OWNERSHIP STATUS	Start Date	End Date	State	City/Abbrev
Plantation General Hospital	10-0167	HTI merger	Active	10/1/79		FL	Plantation
Clearwater Community Hospital	10-0174	HTI merger	Active	3/1/90		FL	Clearwater
Medical University Hospital (Memorial Hospital Jacksonville)	10-0179	System, Inc.	Active	1/1/85		FL	Jacksonville
Petersburg)	10-0180	Galen merger	Active	3/8/74		FL	St. Petersburg
Humana Hospital - Sun Bay	10-0186	Sold by Galen 12/20/90	Active	1/1/85	12/20/90	FL	St. Petersburg
Northwest Medical Center (Northwest Regional Hospital)	10-0189	HCA merger	Active	8/26/81		FL	Margate
New Port Richey Hospital	10-0191	HCA merger	Active	7/1/78		FL	New Port Richey
Humana Hospital - South Broward	10-0194	Closed by Galen 10/15/91	Closed	1/1/85	10/15/91	FL	Hollywood
Pompano Beach Medical Center (Humana Hospital - Cypress)	10-0199	Galen merger	Active	2/2/78	12/17/98	FL	Pompano Beach
North Florida Regional Medical Center	10-0204	HCA merger	Active	2/6/73		FL	Gainesville
Palm Beach Regional Hospital	10-0207	HTI merger	Closed after merger	7/1/80	8/21/95	FL	Lake Worth
Deering Hospital (Miami Dade General; Coral Reef Hospital)	10-0208	Asset purchase from IICA	Active	5/21/90		FL	Miami
Kendall Regional Medical Center	10-0209	Asset purchase from AMI	Active	3/20/91		FL	Miami
Dade City Hospital	10-0211	Galen merger	Active	3/8/74		FL	Dade City
Ocala Regional Medical Center	10-0212	HCA merger	Active	9/24/73		FL	Ocala
Blake Medical Center	10-0213	HCA merger	Active	7/1/79		FL	Braidenton
Sebastian Hospital	10-0217	Galen merger	Sold to Health Management Associates, Inc.	1/1/85	9/1/93	FL	Sebastian
St. Augustine General Hospital	10-0219	FL, sold 10/31/91 by HTI to Flagler Hospital, St.					
Regional Medical Center SW Florida	10-0220	Augustine, FL	Active	8/26/81	10/31/91	FL	St. Augustine
Park Medical Center (formerly Humana Lucerne)	10-0221	BAMI merger	Active	5/1/75		FL	Fort Myers
Fort Walton Beach Medical Center	10-0223	Galen merger	Active	3/8/74		FL	Orlando
University Hospital & Medical Center	10-0224	Corp., Inc.	Active	7/22/74		FL	Fort Walton Beach
Orange Park Medical Center	10-0226	Galen merger	Active	11/20/74		FL	Tamarac
Humana Women's Hospital	10-0227	Sold by Galen 8/30/90;	Active	3/8/74		FL	Orange Park
Bennett)	10-0228	Galen merger	Active	1/1/85	2/23/93	FL	Tampa
Medical Center - Daytona (Humana Hospital Daytona;				9/3/73		FL	Plantation
Daytona Medical Center)	10-0229	Galen merger	Active	3/8/74		FL	Daytona
Pembroke Pines Hospital (Humana Hospital - Pembroke)	10-0230	Galen merger	Leased to South Broward Hospital District; CHC				
West Florida Regional Medical Center	10-0231	HCA merger	owns	1/1/90	7/1/95	FL	Pembroke Pines
Puunam Medical Center	10-0232	HCA merger	Active	5/12/75		FL	Pensacola
Columbia Hospital (Humana Hospital - Palm Beaches)	10-0234	Galen merger	Active	8/29/75		FL	Palatka
University Hospital (University General Hospital)	10-0235	Okaloosa Medical Center, Inc. and Community Health Systems, Inc.	Closed	2/2/78		FL	West Palm Beach
				2/9/95	5/1/98	FL	Seminole

Current and Former C/IICA Hospitals
(Includes all parent corporations)

Name	NC #	How C/IICA acquired	C/IICA OWNERSHIP STATUS	Start Date	End Date	State	City/Abbrev
Fairview Park Hospital (Lauren's Memorial Hospital)	11-0175	IICA merger	Active	3/28/81		GA	Dublin
Worth Community Hospital	11-0174			1/1/86	3/31/88	GA	
Palmira Medical Center	11-0163	IICA merger	Active	2/1/71		GA	Albany
Coliseum Medical Center	11-0164	IICA merger	Active	2/15/71		GA	Macon
Middle Georgia Hospital	11-0166	Asset transaction		5/1/98		GA	Macon
Redmond Regional Medical Center	11-0168	IICA merger	Active	7/4/72		GA	Rome
Metropolitan Hospital	11-0169	Asset exchange with Quorum Health Group	Active	5/1/94		GA	Atlanta
West Paces Medical Center	11-0171	IICA merger		10/2/72		GA	Atlanta
Dunwoody Medical Center	11-0172	Group	Active	5/1/94		GA	Atlanta
Augusta Medical Center	11-0177	Galen merger	Active	2/2/78		GA	Augusta
Parkway Medical Center	11-0179	IICA merger	Active	1/1/80		GA	Lithia Springs
Doctor's Hospital (Columbus)	11-0186	HTI merger	Active	5/1/76		GA	Columbus
Lanier Park Regional Hospital	11-0188	HTI merger	Active	6/12/77		GA	Gainesville
Eastside Medical Center (Cwinnett Community Hospital)	11-0192	Galen merger	Active	2/2/78		GA	Snellville
Hughston Sports Medicine Hospital	11-0200	HCA merger	Active	10/25/84		GA	Columbus
Macon Northside Hospital	11-0201	Asset transaction		5/1/98		GA	Macon
Wheeler County Hospital	11-0207	BAMI merger	Closed/Discontinued Operations	1/1/82	1/1/94	GA	Glenwood
Coliseum Psychiatric Hospital	11-0015	HCA merger	Active	1/1/87		GA	Macon
West Valley Medical Center	13-0014	HTI merger	Active	1/1/73		ID	Caldwell
Eastern Idaho Regional Medical Center	13-0018	HTI merger	Active	1/1/87		ID	Idaho Falls
Walker Center	13-0058			4/1/87	8/30/91	ID	Gooding
Mountain River	13-0007			1/1/88		ID	
LaGrange Memorial Hospital	14-0065	Health Systems, Inc.	Sold to Adventist Health System	7/28/95	2/1/99	IL	La Grange
Michael Reese Hospital & Medical Center	14-0075	Galen merger	Sold to Doctor's Community Healthcare Corporation	3/1/91	11/12/98	IL	Chicago
Olympia Fields Osteopathic Hospital & Medical Center	14-0172	CHC	Active	10/1/95		IL	Chicago
Chicago Osteopathic (Hospital & Medical Center)	14-0172	Asset purchase from Midwestern University	Closed	10/1/95	3/1/96	IL	Chicago
Grant Hospital of Chicago (Columbia Grant Hospital)	14-0207	Asset purchase from Grant Hospital of Chicago	Sold to Doctor's Community Healthcare Corp.	1/26/94	11/12/98	IL	Chicago
Hoffman Estates Medical Center	14-0290	Galen merger	Sold to Alexian Brothers Health System	1/1/85	2/1/99	IL	Hoffman Estates
Barclay Hospital	14-0009	Asset purchase from Charter Behavioral Health					
Chicago Lakeshore Hospital	14-0005	System of Chicago, Inc.	Merged with Chicago Lakeshore	6/7/96	2/1/97	IL	Chicago
Riveredge Hospital	14-0009	IICA merger	Active	8/26/81	2/1/97	IL	Chicago
Woodland Hospital	14-0031	IICA merger	Active	8/26/81		IL	Forest Park
Terre Haute Regional Hospital	15-0046	HTI merger	Sold to Alexian Brothers Health System, Inc.	1/1/91	8/18/98	IL	Hoffman Estates
			Active	7/1/75		IN	Terre Haute

Current and Former G/HICA Hospitals
(Includes all parent corporations)

Name	NIC #	How C/HICA acquired	G/HICA OWNERSHIP STATUS	Start Date	End Date	State	City/Abbrev
North Clark Community Hospital	15-0134	IN, sold 12/31/91 by HTI to American Medtrust, Inc.	Active	3/1/85	12/31/91	IN	Charlestown
Women's Hospital, The - (of Indianapolis)	15-0136	Galen merger	Active	8/1/83		IN	Indianapolis
Wesley Medical Center	17-0123	HCA merger	Active	6/24/85		KS	Wichita
Halshead Hospital	17-0144	Asset exchange with Paracubus	Lifepoint Spin-Off	5/17/96	5/11/99	KS	Halshead
Bethany Medical Center	17-0148	Asset purchase from Bethany Medical Center	Sold to Central Medical Center, Inc.	10/31/97	12/4/98	KS	Kansas City
City)	17-0176	Galen merger	Lifepoint Spin-Off	12/27/76	5/11/99	KS	Dodge City
Overland Park Regional Medical Center	17-0176	Galen merger	Triad Spin-Off	12/17/78	5/11/99	KS	Overland Park
Lexington)	18-0007	Asset purchase	Active	7/28/95		KY	Lexington
Audubon Regional Medical Center	18-0014	Galen merger	Sold to Alliant Health System, Inc.	1/27/80	9/2/98	KY	Louisville
Meadowview Regional Medical Center (Hospital Mayville)	18-0019	HTI merger	Lifepoint Spin-Off	12/9/81	5/11/99	KY	Mayville
Spring View Hospital	18-0024	HTI merger	Sold to Alliant Health Systems, Inc.	2/27/80	11/2/98	KY	Lebanon
Bourbon Community Hospital (Hospital Paris)	18-0034	HTI merger	Lifepoint Spin-Off	6/17/80	5/11/99	KY	Paris
Logan Memorial Hospital	18-0046	HTI merger	Lifepoint Spin-Off	7/1/85	5/11/99	KY	Russellville
Hospital Georgetown (Georgetown Community Hospital; Scott General Hospital)	18-0086	HTI merger	Lifepoint Spin-Off				
Pine Lake Regional Hospital (Community Hospital)	18-0101	HTI merger	Lifepoint Spin-Off	1/1/87	5/11/99	KY	Georgetown
Valley View Medical Center	18-0116	HTI merger	Lifepoint Spin-Off	6/1/69	5/11/99	KY	Mayfield
Suburban Hospital	18-0122	Galen merger	Sold to Alliant Health Systems, Inc.	1/1/87	9/1/87	KY	Louisville
Greenview Regional Hospital	18-0123	HCA merger	Active	6/1/74	9/1/98	KY	Bowling Green
Hospital Frankfort	18-0127	HCA merger	Active	9/12/72		KY	Frankfort
Humana Hospital- Louisa (Three Rivers Hospital)	18-0128	Galen sold 5/27/93	Lifepoint Spin-Off	7/9/74		KY	Louisa
Lake Cumberland Regional Hospital	18-0132	Galen merger	Sold to Alliant Health Systems, Inc.	1/1/85	5/27/93	KY	Somerset
Southwest Hospital	18-0133	Galen merger	Lease Terminated	5/13/76	5/11/99	KY	Louisville
University of Louisville (Hospital)	18-0137	Galen merger	Sold to Baptist Healthcare Affiliates, Inc.	9/4/78	9/1/98	KY	Louisville
Tri-County Community Hospital	18-0138	BAMf merger	Active	9/12/83	2/6/96	KY	Louisville
Dauterive Hospital	18-0003	HTI merger	Active	7/15/92	9/30/92	KY	La Grange
Medical Center)	19-0025	HCA built in 1985	Active	8/26/81		LA	New Iberia
Savoy Medical Center	19-0025	HTI merger	Active	1/1/85		LA	Lafayette
Rapides Regional Medical Center	19-0026	Limited Liability Co.	Active	1/31/85		LA	Lafayette
Springhill Medical Center	19-0088	Galen merger	Lifepoint Spin-Off	8/10/94		LA	Alexandria
Winn Parish Medical Center	19-0090	Galen merger	Active	1/1/74	5/11/99	LA	Springhill
Elmwood Medical Center (Jefferson Medical Center)	19-0092	and Columbia	Lifepoint Spin-Off	6/1/74		LA	Winnfield
Avoyelles Hospital	19-0099	Galen merger	Active	11/28/95	5/11/99	LA	Jefferson
Oakdale Community Hospital	19-0106	Galen merger	Active	5/3/74		LA	Marksville
				5/3/74		LA	Oakdale

Current and Former C...ia/HCA Hospitals
(Includes all parent corporations)

Name	MC #	How C/HCA acquired	G/HCA OWNERSHIP STATUS	Start Date	End Date	State	City/Abbrev
Highland Hospital	19-0112	HCA merger	Active	8/26/81		LA	Shreveport
Ville Platte Medical Center (Humana Hospital - Ville Platte)	19-0167	Galen merger	Sold to Hospital Service District No. 1 of Evangeline Parish	5/3/74	9/1/96	LA	Ville Platte
Tulane University Hospital and Clinic	19-0176	Contribution between Columbia and University Healthcare System	Active	4/1/95		LA	New Orleans
Lakeview Regional Medical Center (Highland Park Hospital)	19-0177	HTI merger	Active	9/19/76		LA	Covington
Lakeside Hospital	19-0182	HTI merger	Active	10/1/78		LA	Metairie
Duxford's Hospital of Opelousas	19-0191	HTI merger	Active	9/1/88		LA	Opelousas
Women's & Children's Hospital	19-0196	HTI merger	Active	6/6/83		LA	Lafayette
North Monroe Hospital	19-0197	HCA merger	Active	8/15/83		LA	Monroe
Westpark Hospital	19-0198			9/1/88	12/1/92	LA	Hammond
Lakeview Medical Center	19-0200	Galen merger	Active	8/29/84		LA	New Orleans
Women & Children's Hospital - Lake Charles	19-0201	Galen merger	Triad Spin-Off	10/21/84	5/11/99	LA	Lake Charles
Medical Center of Baton Rouge	19-0202	HTI merger	Sold to Baton Rouge Healthcare System	2/1/85	10/1/98	LA	Baton Rouge
Medical Center - Southwest Louisiana	19-0205	HTI merger	Active	6/25/85		LA	Lafayette
Riverview Medical Center	19-0207	HTI merger	Lifepoint Spin-Off	9/1/88	5/11/99	LA	Gonzales
DePaul Hospital	19-4000	HCA merger	Contributed to JV with Tulane University	4/22/81		LA	New Orleans
Humana Hospital - Brentwood	19-4004	Galen sold 9/11/90	sold	8/26/81	7/1/95	LA	Shreveport
Cypress Hospital	19-4010	HCA merger	Sold assets to Charter Behavioral Group	8/26/81	10/30/92	LA	Lafayette
Parkland Medical Center	19-4013	HAI acquisition	sold	1/28/85	2/1/92	LA	Covington
DePaul Northshore Hospital	19-4015	HCA built	sold	1/1/89		LA	
North Monroe Pavilion	19-5197	Partnership with Tenet	Sold to Tenet Health System NW, Inc.	5/1/96	11/3/98	MA	Frammingham
MetroWest Medical Center	22-0089	Partnership with Tenet	Sold to Tenet Health System NW, Inc.	5/1/96	11/3/98	MA	Frammingham
MetroWest Leonard Morse	22-0089	Building Corp. 12/30/91	Sold prior to HCA merger	12/30/91		MS	Jackson
UMC University Medical Pavilion	25-0001	HTI merger	Active	8/1/82		MS	Vicksburg
Vicksburg Medical Center	25-0001	Galen merger	Sold stock to Health Management Ass'n, Inc.	1/1/85	9/1/93	MS	Natchez
Natchez Community Hospital	25-0122	HTI merger	Active	9/15/88		MS	Gulfport
Garden Park Community Hospital, Ltd.	25-0123	Asset purchase from Reorganized Church of Jesus Christ of Latter Day Saints, et al.	Triad Spin-Off	2/3/94	5/11/99	MO	Independence
Independence Regional Health Center	26-0095	HTI merger	Sold to Cox Health Systems	1/1/87	2/10/88	MO	Springfield
St. Peters Hospital	26-0191	HCA merger	Triad Spin-Off	9/1/88	7/31/98	MO	Springfield
Hospital North and South	26-0197	Galen merger	Active	1/1/87	5/11/99	MO	Kansas City
Research Psychiatric Center	26-4016			2/2/78		NV	Las Vegas
Sunrise Hospital & Medical Center	29-0003						

Current and Former
(Includes all parent corporations)

la/HCA Hospitals

Name	MIC #	How C/HCA acquired	C/HCA OWNERSHIP STATUS	Start Date	End Date	State	City/Abbrev
Mountain View Hospital	29-0039	New-1996		2/1/96		NV	Las Vegas
Iron Tree Meadows Hospital	29-0003	HCA acquisition	sold	8/26/81	7/1/93	NV	Reno
Monte Vista Hospital	29-0004	HCA built	sold	6/1/85	7/1/93	NV	Las Vegas
Parkland Medical Center	30-0017	HCA merger	Active	7/1/82		NH	Derry
Portsmouth Regional Hospital	30-0029	HCA merger	Active	3/1/86		NH	Portsmouth
Portsmouth Pavilion	30-0029	HCA merger	Consolidated with Portsmouth Regional Hospital	1/1/88	1/1/96	NH	Portsmouth
Lovelace Medical Center	32-0019			1/1/87	3/30/90	NM	Carlsbad
Medical Center - Carlsbad (Guadalupe Medical Center)	32-0063	HCA merger	Triad Spin-Off	8/21/77	5/11/99	NM	Carlsbad
Lea Regional Medical Center	32-0065	HCA merger	Triad Spin-Off	4/1/79	5/11/99	NM	Hobbs
Heights Psychiatric Hospital	32-0003	HCA merger	Sold	1/1/87		NM	Albuquerque
Raleigh Community Hospital	34-0073	HCA merger	Sold to Duke University Health System	1/1/77	9/15/98	NC	Raleigh
Cape Fear Memorial Hospital	34-0094	Asset purchase	Sold to New Hanover Regional Medical Center	3/15/96	11/1/98	NC	Wilmington
Heritage Hospital	34-0107	HTI merger	Sold to Pitt County Memorial Hospital	10/1/79	11/2/98	NC	Tarboro
Davis Community Hospital	34-0144	HTI merger	Sold to NetCare	10/1/79	11/19/98	NC	Statesville
Presbyterian Orthopedic Hospital	34-0153	HTI merger	Sold to Presbyterian Regional Hospital Corporation	8/26/81	7/31/98	NC	Charlotte
Brunswick Hospital	34-0158	HTI merger	Active	7/1/83		NC	Supply
Highsmith-Rainey Memorial Hospital	34-0164	HCA merger	Sold	5/14/83	5/3/99	NC	Fayetteville
Holly Hill Hospital	34-0014	HCA merger	Contribution - JV with Charter Northridge Behavioral Health System, Inc., Wake Psychiatric Hospital, Inc.	1/1/87	5/1/95	NC	Wake Forest
St. Vincent Charity	36-0037	Joint Venture - Sisters of Charity	Active	9/2/95	2/28/97	OH	Cleveland
St. Luke's Medical Center (Cleveland)	36-0045	Joint Venture - Sisters of Charity	Active	9/2/95	2/28/97	OH	Cleveland
Mercy Medical Center	36-0070	Joint Venture - Sisters of Charity	Active	9/2/95	2/28/97	OH	Canton
St. John West Shore Hospital	36-0123	Joint Venture - Sisters of Charity		9/2/95	2/28/97	OH	Westlake
St. Mary's Medical Center	37-0026	HCA merger	Sold to St. Mary's Hospital of Enid, OK, Inc.	4/1/85	9/30/95	OK	Enid
Claremore Regional Hospital	37-0039	HTI merger	Triad Spin-Off	9/1/88	5/11/99	OK	Claremore
Tulsa Regional Medical Center	37-0078	Asset purchase from EPIC	Sold to Hillcrest System	1/1/88	12/31/98	OK	Tulsa
Presbyterian Hospital (operating in conjunction with University Hospital and Children's Hospital of Oklahoma)	37-0093	HCA merger	Active	10/1/85		OK	Oklahoma City
Southwestern Medical Center	37-0097	HTI merger	Active	1/1/88		OK	Lawton
Doctor's Hospital - Tulsa	37-0141	HTI merger	Sold to Triad	9/1/88	12/31/98	OK	Tulsa
Edmond (Regional) Medical Center	37-0148	HTI merger	Active	1/1/81		OK	Edmond
Bethany (Hospital Health Center)	37-0159	Owned by the City of Bethany, OK; HCA Health Services of Oklahoma, Inc. manages	Active	4/1/95		OK	Bethany
Wagoner Community Hospital	37-0166	HTI merger	Triad Spin-Off	6/1/79	5/11/99	OK	Wagoner

Current and Former C
(Includes all parent corporations)

Name	NIC #	How C/HICA acquired	C/HICA OWNERSHIP STATUS	Start Date	End Date	State	City/Abbrev
Geising Hospital	37-0177			1/1/87	2/10/88	OK	Tulsa
Specialty Hospital of Tulsa	37-2007	HTI merger	Sold to Hillcrest System	5/5/94	12/23/98	OK	Tulsa
Rehabilitation Institute of Oklahoma	37-3025			1/1/87	6/7/88	OK	
Douglas Medical Center (Community Hospital)	38-0064	HTI merger	Triad Spin-Off	3/1/86	5/11/99	OR	Roseburg
Haverford Hospital	38-0071	HTI merger		1/1/71		OR	McMinnville
Providence Hospital	39-0215	of Charity	Active	8/1/81	10/24/91	PA	
Coffey Regional Hospital	42-0026	HTI merger	Active	9/2/95		SC	Columbia
Marlboro Park Hospital	42-0030	Marlboro Park Hospital, Bennettsville, SC, sold 1/13/95 by HTI to Dynamic Health, Inc.		1/1/82		SC	Walterboro
Chesterfield General Hospital	42-0054	Chesterfield General Hospital, Cheraw, SC, sold 1/13/95 by HTI to Dynamic Health, Inc.		10/1/81	1/13/93	SC	Bennettsville
Doctor's Hospital of Spartanburg	42-0062			3/1/81	1/13/95	SC	Cheraw
Trident Regional Medical Center	42-0076	HCA merger	closed	8/1/88		SC	Spartanburg
Summerville Medical Center	42-0079	This facility is the outpatient services center of Trident Regional Medical Center	Active	7/21/75		SC	Charleston
Aiken Regional Medical Center	42-0082	HCA merger	Asset exchange	7/29/89		SC	Charleston
Grand Strand Regional Medical Center	42-0085	HCA merger	Active	2/23/76	7/7/95	SC	Aiken
Nashville Memorial Hospital	44-0006	HTI merger	Active	4/21/78		SC	Myrtle Beach
Sycamore Shoals Hospital	44-0018	HTI merger	Sold to Johnson City Medical Center Hospital, Inc.	12/6/93		TN	Madison
Hillside Hospital	44-0020	Systems, Inc. and North Okaloosa Medical Center, Inc.	Lifepoint Spin-Off	7/1/81	9/1/98	TN	Elizabethton
Edgefield Hospital	44-0026	Edgefield Hospital, Nashville, TN, sold 8/31/90 by HTI to Edgefield (Relife) Healthcare Limited Partnership, Birmingham, AL.		10/23/95	5/11/99	TN	Pulaski
Horizon Medical Center (Goodland Regional Medical Center)	44-0046	HTI merger	Active	1/1/87	8/31/90	TN	Nashville
Emerald Hodgson Hospital (Sewanee Clinic)	44-0058	HTI merger	Lifepoint Spin-Off	3/1/74		TN	Dickson
Southern Tennessee Medical Center	44-0058	HCA merger	Lifepoint Spin-Off	6/1/93	5/11/99	TN	Sewanee
Volunteer General Hospital	44-0061	HTI merger	Leased to Methodist Healthcare	6/1/93	5/11/99	TN	Sewanee
South Pittsburg (Municipal) Hospital	44-0064	HTI merger	Active	7/1/80	6/1/98	TN	Martin
Lakeway Regional Hospital (Humana Hospital - Morristown)	44-0067	Galen merger	Sold to Community Health Systems	8/26/81		TN	South Pittsburg
Albany Regional Medical Center	44-0068	HCA merger	Active	1/1/85	5/27/93	TN	Morristown
Johnson City Specialty Hospital	44-0105	HTI merger	Sold to Johnson City Medical Center Hospital, Inc.	10/16/78		TN	Albany
				10/1/81	11/2/98	TN	Johnson City

Current and Former C
(Includes all parent corporations)

C/HCA OWNERSHIP STATUS

Name	NIC #	How C/HCA acquired	C/HCA OWNERSHIP STATUS	Start Date	End Date	State	City/Abbrev
Humboldt Cedar Crest Hospital	44-0115	HTI, sold 10/21/89 by HTI to Humboldt General Hospital, Inc., a Tennessee non-profit Corporation.	Sold	9/17/87	10/21/89	TN	Humboldt
Smyrna Hospital	44-0134	HCA converted to Ambulatory Care Center	Active	1/1/85	5/1/90	TN	Smyrna
Humana Hospital, McFarland	44-0136	7/31/87; No longer licensed as hospital Galen sold 5/1/90				TN	Lebanon
Benton Community Hospital	44-0145	10/5/90 by HTI to Resource Housing of America, Atlanta, GA.		3/31/85	10/5/90	TN	Caniden
DeKalb General Hospital	44-0148	7/31/92 by HTI to Rice Acquisition Corporation.	LifePoint-Spin-Off	1/1/69	7/31/92	TN	Smithville
Trinity Hospital	44-0149	HTI merger	Active	1/1/69	5/11/99	TN	Erin
Summit Medical Center (Replaced Doneelson Hospital)	44-0150	HCA merger	Active	1/1/70		TN	Hermitage
River Park Hospital	44-0151	HTI merger	Active	3/1/70		TN	McMinnville
Parkridge Medical Center	44-0156	HCA merger	Merged with Valley Hospital	1/1/71	6/13/96	TN	Chattanooga
Valley Psychiatric Hospital (includes Valley Hospital)	44-0156	HCA merger	Active	1/1/71		TN	Chattanooga
Centennial Medical Center (Park View)	44-0161	HCA merger	Consolidated with Centennial Medical Center	8/31/68	3/31/96	TN	Nashville
Centennial Medical Center/Parthenon Pavilion	44-0161	HCA merger		8/31/68	3/31/96	TN	Nashville
Diagnostic Center	44-0162			8/26/81	10/14/88	TN	Nashville
Park West Medical Center	44-0173			1/1/87	8/24/90	TN	Nashville
Haywood Park Hospital	44-0174			1/1/87	4/1/88	TN	Lawrenceburg
Crockett General Hospital	44-0175	HTI merger	LifePoint-Spin-Off	9/17/87	5/11/99	TN	Kingsport
Indian Path Medical Center	44-0176	HCA merger	Sold to Johnson City Medical Center Hospital, Inc.	3/1/74	11/2/98	TN	East Ridge
East Ridge Hospital (part of Parkridge)	44-0178	Galen merger	Combined with Parkridge	1/1/76	8/31/96	TN	Johnson City
Northside Hospital	44-0184	HTI merger	Sold to Johnson City Medical Center Hospital, Inc.	5/1/80	10/16/98	TN	Carthage
Smith County Memorial Hospital	44-0186	HTI merger	LifePoint-Spin-Off	4/6/78	5/11/99	TN	Livingston
Livingston Regional Hospital	44-0187	HTI merger	LifePoint-Spin-Off	7/14/76	5/11/98	TN	Jackson
Regional Hospital of Jackson	44-0189	HCA merger	Leased (40 year lease) by Methodist Health Systems	5/1/78		TN	Hendersonville
Hendersonville Hospital	44-0194	HTI merger	Active	8/26/81		TN	Nashville
Southern Hills Medical Center	44-0197	HCA merger	Active	10/15/79		TN	Nashville
Stones River Hospital	44-0200	HTI merger	Active	11/20/80		TN	Woodbury
Cleatham Medical Center	44-0205	Center, Inc.	Active	7/7/95		TN	Ashland City
Whitwell Medical Center (Hospital; part of South Pittsburgh)	44-0211	Corporation	Active	10/31/96		TN	Whitwell
Indian Path Pavilion	44-0212	HCA merger	Sold to Johnson City Medical Center Hospital, Inc.	1/1/87	11/2/98	TN	Kingsport
Vanderbilt Child and Adolescent Psychiatric Hospital	44-4986	HCA merger	Sold to Vanderbilt Health Services, Inc.	1/1/87	4/30/99	TN	Nashville
Gulf Coast Hospital	45-0027	Healthcare Corp.		8/26/81	9/1/92	TX	Baytown

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Current and Former Co.-HICA Hospitals
(Includes all parent corporations)

Name	NIC #	How C/HICA acquired	C/HICA OWNERSHIP STATUS	Start Date	End Date	State	City/Abbrev
Plaza Medical Center - East (St. Joseph Hospital)	45-0043	Columbia purchased from HICA	Closed/Merged with C/HICA Plaza Medical Center of Ft. Worth	1/1/87	7/1/95	TX	Fort Worth
Westbury Hospital	45-0060	HTI merger	Closed	9/1/88	7/31/95	TX	Houston
Gilmer Medical Center	45-0070	HTI merger	Closed	9/17/87	10/28/95	TX	Gilmer
Southside Community Hospital	45-0074	Asset purchase	Sold to Memorial Hospital	10/19/90	7/13/93	TX	Corpus Christi
North Hills Hospital (formerly Glenview)	45-0087	HCA merger	Active	8/26/81		TX	N. Richland Hills
Medical Center - Dallas SW	45-0094	C/HICA acquired in asset exchange with Universal Health Services, Inc.	Active	7/7/95		TX	Dallas
Bayshore Medical Center (Hospital)	45-0097	HTI merger	Active	11/25/88		TX	Pasadena
	45-0099	HTI merger	Triad Spin-Off	4/1/79	5/11/99	TX	Pampa
Medical Center - West (Sun Towers; Behavioral Health Center)	45-0107	purchased from Texas Psychiatric Company, Inc.	Active	1/1/87		TX	El Paso
Humana Hospital - Southmore	45-0111	Humana sold this facility to Pasadena Health Care Management, Inc. 8/30/90	Active	1/1/85	8/30/90	TX	Pasadena
Doctor's Regional Medical Center	45-0118	Galen merger	Active	1/1/78		TX	Corpus Christi
East Houston Medical Center	45-0126	HTI merger	Closed	8/26/81	8/1/98	TX	Houston
Northwest Hospital (Riverside Hospital; Robstown Hospital)	45-0131	HTI merger	Active	9/26/88		TX	Corpus Christi
HEB Hospital a/k/a Northeast Community	45-0142	HTI merger	Closed	8/26/81	5/31/96	TX	Bedford
DeTar Hospital	45-0147	HTI merger	Lifepoint Spin-Off	1/1/72	5/11/99	TX	Victoria
Colonial Hospital	45-0175	HTI merger	Triad Spin-Off	10/1/91	12/31/92	TX	Terrell
Cuff Coast Medical Center (Wharton)	45-0214	HTI merger	Active	6/1/83	5/11/99	TX	Wharton
Conroe Regional Medical Center	45-0222	HTI merger	Active	5/14/93		TX	Conroe
Doctor's Hospital East Loop	45-0259	HTI merger	Sold to Heritage Care of East Houston	4/25/94	7/16/98	TX	Houston
Medical Center College Station (Brazos Valley Medical Center)	45-0299	Galen merger	Triad Spin-Off	6/1/74	5/11/99	TX	College Station
Rosewood Medical Center	45-0320	HEI merger	Active	7/1/90		TX	Houston
Angelo	45-0340	Care, Inc.	Triad Spin-Off	1/1/90	5/11/99	TX	Houston
Alice Regional Hospital (Alice Physicians & Surgeons Hospital)	45-0353	HTI merger	Triad Spin-Off	9/1/88	5/11/99	TX	San Angelo
Sam Houston Memorial Hospital	45-0366	HEI merger	Consolidated operations with Spring Branch - OP	7/1/90	7/1/94	TX	Alice
Southwest Texas Methodist Hospital	45-0388	Hospital	Active	1/11/95		TX	Houston
Sherman	45-0393	HTI merger	Triad Spin-Off	9/1/88	5/11/99	TX	San Antonio
Westpark Medical Center Wyong Medical Center	45-0394	HTI merger	Active	1/1/87	1/31/90	TX	Sherman
Medical Center - McKinney (North Texas Medical Center)	45-0403	HTI merger	Active	9/1/88		TX	McKinney
d/b/a North Central Medical Center	45-0418	Stock purchase from American Medical (Central), Inc. and Amisub (Bellaire), Inc.	Active	4/1/92		TX	Houston
Bellaire Medical Center							

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Current and Former
(Includes all partnerships and corporations)

Name	NIC #	How C/HCA acquired	C/HCA OWNERSHIP STATUS	Start Date	End Date	State	City/Abbrev
David's Medical Center	45-0431	System	Active	4/30/96		TX	Austin
Javaro Regional Hospital	45-0447	HCA merger	Triad Spin-Off	1/1/80	5/11/99	TX	Corpus
Woodland Heights Medical Center	45-0484	HTI merger	Triad Spin-Off	11/1/81	5/11/99	TX	Lufkin
Diagnostic Center Hospital	45-0523	8/31/93 by HTI to The Methodist Hospital					
Manland Medical Center (Randolph Hospital)	45-0530	System	Active	11/6/69	8/31/93	TX	Houston
Humana Hospital - Baytown	45-0535	HTI merger		9/1/88		TX	Texas City
		Sold by Galen 12/11/90		1/1/85	12/11/90	TX	Baytown
Alvin Medical Center	45-0538	HTI merger	Consolidated with Columbia Clear Lake Regional Medical Center (34336)	9/1/88		TX	Webster
North Houston Med. Center (I/A/a Parkway)	45-0544	HTI merger	Active	9/1/88		TX	Houston
Heights Hospital	45-0546	Asset purchase from AMI, Inc.		4/1/92	8/31/94	TX	Houston
North Houston Medical Center - Airline Campus (Doctor's Hospital Airline)	45-0550	C/HCA acquired from DHA - Acquisition, Inc.					
Abilene Regional Medical Center	45-0558	Galen merger	Merged with North Houston Medical Center (Parkway) 9/1/96 and closed 6/30/98	10/31/95	6/30/98	TX	Airline
Silsbee Doctors Hospital	45-0570	HEI merger	Exchanged with Quorum Health Group	1/1/85	5/11/94	TX	Abilene
Brownwood Regional Medical Center	45-0587	HTI merger	Triad Spin-Off	7/1/90	5/11/99	TX	Silsbee
North Bay Hospital (Coastal Bend Hospital)	45-0605	HTI merger	Triad Spin-Off	8/29/80	5/11/99	TX	Brownwood
Clear Lake Regional Medical Center	45-0617	Galen merger	Active	9/1/88		TX	Aransas Pass
Spring Branch Medical Center	45-0630	HCA merger	Active	1/1/83		TX	Webster
Antonia	45-0631	Galen merger	Active	8/26/81		TX	Houston
Metropolitan	45-0633	Galen merger	Transferred to San Antonio Regional Hospital, Inc.	2/2/78		TX	San Antonio
Medical Center - Denton (Denton Regional)	45-0634	HTI merger	Active	5/1/83	1/11/95	TX	San Antonio
Doctors Hospital (Conroe)	45-0637	HTI merger	Closed / Facility Sold - replaced by Columbia Conroe Regional Medical Center	9/1/88		TX	Denton
Doctor's Hospital of Laredo	45-0643	HTI merger	Regional Medical Center	8/26/81	6/11/95	TX	Conroe
West Houston Medical Center	45-0644	HCA merger	Triad Spin-Off	9/1/88	5/11/99	TX	Laredo
Medical Center - East (Vista Hills 34325)	45-0646	CHC purchased from HTI (a spinoff of HCA)	Active	8/26/81		TX	Houston
	45-0647	Columbia acquisition (sublease)	Active	1/1/87		TX	El Paso
Medical City Dallas			Contributed to Columbia Hospital at Medical City	7/22/75		TX	Dallas
Medical Center - Plano (Willow Park Hospital)	45-0647	Galen merger	Dallas Subsidiary, LP Partnership - Active	7/22/75		TX	Dallas
Medical Center Hospital (Medical Center Del Oro)	45-0651	HCA merger	Active	12/14/87		TX	Plano
Valley Regional Medical Center	45-0660	HCA merger	Closed	8/26/81	9/1/95	TX	Houston
Neurological Center	45-0662	HTI merger	Active	4/10/86		TX	Brownsville
Medical Center - Lewisville	45-0666	Galen merger	Triad Spin-Off	1/1/85	5/11/99	TX	Beaumont
	45-0669	HCA merger	Active	7/16/87		TX	Lewisville

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Current and Former Co- /HCA Hospitals
(Includes all parent corporations)

Name	NIC #	How C/HCA acquired	C/HCA OWNERSHIP STATUS	Start Date	End Date	State	City/Abbrev
Plaza Medical Center of Ft Worth (Medical Plaza-Houston)	45-0672	HCA merger	Active	1/1/83		TX	Fort Worth
Woman's Hospital of Texas (Women's & Children's Hospital)	45-0674	HCA merger	Active	1/1/78		TX	San Antonio
Medical Center - Arlington	45-0675	HCA merger	Active	9/1/76		TX	Arlington
Medical Center - Terrell	45-0683	HTI merger	Triad Spin-Off	9/1/88	5/11/99	TX	Terrell
El Campo Memorial Hospital	45-0694	HTI merger	Lease Terminated	9/17/87	1/31/96	TX	El Campo
Medical Arts Hospital - Dallas	45-0696	HTI merger	Sold to Lifecare Medical Arts Hospital, LLC	9/1/88	3/13/98	TX	Dallas
Longview Regional Hospital	45-0702	HTI merger	Triad Spin-Off	6/16/80	5/11/99	TX	Longview
Medical Arts Hospital - Texarkana	45-0703	HTI merger	Closed	9/1/88	12/31/97	TX	Texarkana
Katy Medical Center	45-0706	HTI merger	Active	9/1/88		TX	Katy
Rio Grande Regional Hospital	45-0711	HCA merger	Active	8/27/82		TX	McAllen
South Hospital	45-0713	HCA merger	JV- Contributed to St. David's Health Care System	9/22/82		TX	Austin
Medical Center - Lancaster (Midway Park General)	45-0715	HTI merger	Active	1/3/83		TX	Lancaster
Fort Bend Medical Center	45-0717	HTI merger	Active	9/1/88		TX	Missouri City
Rock	45-0718	HTI merger	Active	9/1/88		TX	Round Rock
Mansfield Hospital	45-0719	Corporation	Sold	1/1/87	12/31/89	TX	Mansfield
Methodist Women's & Children's Hospital (Humana Women's & Children's Hospital)	45-0725	Galen merger	Active	7/1/84		TX	San Antonio
Northeast Methodist Hospital (Village Oaks)	45-0733	Galen merger	Active	9/17/87		TX	San Antonio
Denton Community Hospital	45-0743	HCA merger	Sold to Denton Hospital, Inc.	1/1/87	11/13/96	TX	Denton
TOHS Surgical Specialty Hospital	45-0774	Consolidations, Inc.	Active	9/16/94		TX	Houston
Kingwood Medical Center	45-0775	Medical Care America	Active	1/1/85		TX	Kingwood
Methodist Ambulatory Surgical Hospital - Northwest	45-0780	Medical Care America	Active	9/16/94		TX	San Antonio
Surgicare Specialty Hospital	45-0785	Columbia opened facility	Active	8/31/83		TX	Corpus Christi
Bay Area Medical Center	45-0788	HTI merger	Active	9/14/93		TX	Corpus Christi
Panhandle Surgical Hospital	45-0802	C/HCA acquisition	Triad Spin-Off	12/15/94	5/11/99	TX	Amarillo
Texas Orthopedic Hospital	45-0804	Joint Venture - Austin Diagnostic Clinic (29.25%)	Active	2/7/95		TX	Houston
Austin Diagnostic Medical Center (North Austin Medical Center)	45-0809	Joint Venture - Austin Diagnostic Clinic (29.25%)	Contributed to Columbia St. David's Healthcare System JV	9/22/82		TX	Austin
Medical Center - Las Colinas	45-0822	Columbia/HCA built	Active	8/25/97		TX	Irving
West Park Medical Center (West Park Surgery Center - Wyssong Campus)	45-1145	HTI merger	Is a sub of North Central Medical Center, f/n/a	1/17/90		TX	McKinney
Rehabilitation Hospital (of South Texas)	45-3034	Enterprises, Inc.	North Texas Medical Center, Active	3/3/94		TX	Corpus Christi
St. David's Rehabilitation Center (see 6676)	45-3018	St. David's Health Care System	Active	5/1/96		TX	Austin

Current and Former
(Includes all parent corporations)

Name	MC #	Iowa C/HCA acquired	G/HCA OWNERSHIP STATUS	Start Date	End Date	State	City/Abbrev
Beaumont Medical & Surgical Hospital (Beaumont Neurological Center)			Consolidated operations with Beaumont Medical & Surgical Hospital; Triad Spin-Off				
Belle Park Hospital	45-4007	HCA merger	closed	8/26/81	5/11/99	TX	Beaumont
Greenleaf Psychiatric Hospital	45-4015	HAI acquisition	closed	8/26/81	8/27/93	TX	Houston
Red River Hospital	45-4017	Forum Group, Inc.	closed	3/31/85	4/19/93	TX	Killeen
Houston International Hospital	45-4018	HAI acquisition	closed	8/26/81	10/1/93	TX	Wichita Falls
Sun Valley Regional Hospital	45-4020	HAI acquisition	closed	8/26/81	11/1/90	TX	Houston
Shut Creek Hospital	45-4027	Healthcare Corp. acquisition	closed	12/10/81		TX	El Paso
Brazos Center for Psychiatry (Bayview)	45-4029	HAI acquisition	closed	8/26/81	7/1/93	TX	Austin
Gulf Pines Psychiatric Hospital	45-4032	Forum Group, Inc. acquisition	closed	3/31/85	12/21/92	TX	Waco
Hill Country Hospital	45-4042	International, Inc.	Active	4/1/86		TX	Corpus Christi
Richland Hospital	45-4046	HCA built	closed	10/3/86	10/1/93	TX	Houston
St. David's Pavilion	45-4051	HCA built	closed	1/1/87	3/1/92	TX	San Antonio
Deer Park Hospital	45-4069	St. David's Health Care System	Active	3/1/87	7/1/93	TX	North Richland
Columbia Behavioral Center	45-4080	HAI acquisition	closed	5/1/96		TX	Austin
Ogden Regional Medical Center	45-5071	HCA acquired from Healthcare Corporation	Active	8/26/81	2/12/93	TN	
	46-0005	HTI merger	Active	12/10/81		TX	
Pioneer Valley Hospital	46-0008	HTI merger	Sold (FTC consent decree) (asset exchange) with Paracelsus	1/27/79	5/17/96	UT	Ogden
Castleview Hospital	46-0011	HTI merger	Paracelsus	2/1/79	5/11/99	UT	West Valley City
Mountain View Hospital (Hospital)	46-0013	HTI merger	Lifepoint Spin-Off	10/1/77		UT	Price
Ashley Valley Medical Center	46-0017	HTI merger	Active	7/31/76		UT	Payson
Davis Hospital & Medical Center	46-0030	HTI merger	Active	1/1/80	5/11/99	UT	Brigham City
Lakeview Hospital (South Davis Community Hospital)	46-0041	Galen merger	Sold to Paracelsus Healthcare Corp.	1/11/76	5/17/96	UT	Vernal
St. Mark's Hospital	46-0042	HTI merger	Active	9/19/76		UT	Layton
	46-0047	HCA merger	Active	12/31/87		UT	Bountiful
						UT	Salt Lake City
Jordan Valley Hospital (Holy Cross) Rehab)	46-0051	HTI merger	Sold to Champion Healthcare Holdings, Inc. (Facility was divested 11/9/95 pursuant to FTC requirement)	12/3/93	2/29/96	UT	West Jordan
Humana Hospital; Richmond	49-0014	Joint Venture - Arlington Healthcare System	Active	11/1/96		VA	Arlington
John Randolph Medical Center	49-0015	Galen sold 9/9/91	Sold			VA	Richmond
	49-0020	Authority	Active	5/31/95	9/9/91	VA	Hopewell
Johnston-Willis Hospital	49-0028	HCA merger	Consolidated operations with Chippenham Medical Center	11/8/68	1/1/96	VA	Richmond
Lewis-Gale Medical Center	49-0038	HCA merger	Active	1/1/87		VA	Salem

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Current and Former C
(Includes all parent corporations)

WICA Hospitals

Name	MC #	How C/HICA acquired	C/HICA OWNERSHIP STATUS	Start Date	End Date	State	City/Abbrev
Arlington Hospital	49-0050	Joint venture with the Board of Trustees of the Arlington Hospital Association in Arlington, VA	Active	11/1/96		VA	Arlington
Clinch Valley Medical Center	49-0060	Galen merger	Active	8/26/81		VA	Richlands
Retreat Hospital, The	49-0071	Inc.	Active	7/1/95		VA	Richmond
Northern Virginia Doctors Hospital	49-0073	ITTI merger	Sold to Verkor, Inc.	11/1/82	5/17/95	VA	Arlington
Reston Hospital Center (was 34633)	49-0107	HICA merger	Joint Venture with the Board of Trustees of the Arlington Hospital Association in Arlington, VA	11/9/86	11/1/96	VA	Reston
Montgomery Regional Hospital	49-0110	ITTI merger	Active	8/30/71		VA	Blacksburg
Chippendale Medical Center (Johnston-Willis Hospital)	49-0112	HICA merger	Active	9/1/72		VA	Richmond
Pulaski Community Hospital	49-0116	ITTI merger	Active	9/15/73		VA	Pulaski
Henrico Doctors Hospital	49-0118	HICA merger	Active	8/26/81		VA	Richmond
Lumana Hospital - Bayville	49-0119			1/1/85	8/31/90	VA	Virginia Beach
Alleghany Regional Hospital	49-0126	Stock Purchase from Alleghany Highlands Healthcare Services, Inc.	Active	7/1/95		VA	Low Moor
Peninsula Psychiatric Hospital	49-4001	HICA merger	Active	8/26/81		VA	Hampton
Psychiatric Center)	49-4015	HICA merger	Consolidated with Lewis-Gale Hospital	1/1/87		VA	Salem
Poplar Springs Hospital (Petersburg Psychiatric Hospital)	49-4022	HICA merger	Sold to PSH Acquisition Corporation (pursuant to FTC)	8/26/81	2/15/97	VA	Petersburg
Dominion Hospital	49-4023	HICA merger	Contributed to JV with the Board of Trustees of the Arlington Hospital Ass'n, Arlington, VA	8/26/81		VA	Falls Church
Barcroft Institute	49-4525	HICA closed this facility 7/19/91	closed			VA	
Capital Medical Center	50-0139	ITTI merger	Active	1/16/85		VA	Olympia
Greenbrier Valley Medical Center	51-0002	Galen merger	Sold to NetCare	1/1/74	11/19/98	WV	Ronceverte
Raleigh General Hospital	51-0006	HICA merger	Consolidated with C/HICA Raleigh General Hospital	7/31/69	7/9/97	WV	Beckley
St. Francis Hospital	51-0031	Galen merger	Active	2/28/95		WV	Charleston
St. Joseph's Hospital (50/50 JV)	51-0033	Joint Venture - St. Joseph's	Active	8/1/96		WV	Parkersburg
St. Luke's Hospital (Lumana Hospital St. Luke's)	51-0067	Galen merger	Per Contribution Agreement, Galen of West Virginia, Inc. holds 40% membership interest	4/30/74	2/1/99	WV	Bluefield
Beckley Hospital	51-0070	Stock purchase following asset contribution	Active	6/13/97		WV	Beckley
Putnam General Hospital	51-0085	HICA merger	Active	3/1/85		WV	Hurricane
Hospital)	51-4014	HICA merger	Active	2/10/94		WV	Huntington
Parkway Regional Hospital	52-4033	HAI acquisition	sold	8/26/81	12/31/93	WV	Madison
Riverton Memorial Hospital	53-0008	ITTI merger	Lifepoint Spin-Off	11/5/81	5/11/99	WV	Riverton
Spalding - Cheyenne Rehab	53-5044	ITTI merger	Active	10/31/95		WV	Cheyenne

Current and Former Col .ICA Hospitals
(Includes all parent corporations)

Name	NIC #	How C/ICA acquired	C/ICA OWNERSHIP STATUS	Start Date	End Date	State	City/Abbrev
Cross Roads Residential Center		sold 12/31/91 by ITT to Gardena Physicians Hospital, Inc.	sold	1/1/87	10/1/92	CA	
North Star Hospital		Asset purchase from Samissa Corporation	Contributed to JV with Charter	4/30/96	8/1/96		
Willow Springs Center				1/1/89	7/1/93		
Cedar Crest RTC				1/1/89	7/1/93		
The Aurora Pavilion				1/1/92	12/31/93	SC	
Truckee-Meadows-Norby/Pinebrook Center				1/1/87	5/31/90		
Sonora Desert Psychiatric Hospital			Closed	1/1/87	5/29/92		
Champions Treatment Center		CHC acquisition	Closed	8/6/93	6/15/97		
Im-County Medical Center		Humana sold 10/21/80	Sold before Galen merger	10/21/80			
Seminole Hospital and Women's Center (Women's Hospital & Medical Center)		Medical Center, Inc. and Community Health Systems, Inc.	Consolidated with University Hospital and closed;	3/4/80	10/1/96		

Attachment 3— CC DRGs

7	182	320
10	188	323
16	191	325
18	193	328
24	195	331
28	197	334
31	205	336
34	207	346
46	210	348
68	214	354
83	218	358
85	221	366
89	223	370
92	226	383
94	228	398
96	233	401
99	240	403
101	244	406
110	250	413
130	253	419
135	257	434
141	259	442
144	263	444
146	265	449
148	269	452
150	272	454
152	274	463
154	277	478
157	280	493
159	283	
161	292	
164	296	
166	300	
168	304	
170	306	
172	308	
174	310	
177	312	
180	318	

Attachment No. 4

Columbia/HCA
Home Health Agency List for 1996 and 1997

HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHA PROV #	HHA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
1 Columbia Alaska Regional Hospital	020017	30201	Columbia Alaska Regional Home Health	027022	6595	Parent	2801 Dellhart Road, 7th Floor	Anchorage	AK	99508
2 Columbia Andalusia Regional Hospital	010036	30119	Columbia Homecare Covington	017121	30176	Parent	209 Dunson Street	Andalusia	AL	36420
3 Columbia Andalusia Regional Hospital	010036	30119	Columbia Homecare Covington	017121	30176	Branch	1410 E. 5th Avenue	Florida	AL	36442
4 Columbia Regional Medical Center	010081	30134	Columbia Homecare Regional	017319	30180	Parent	474 S. Court Street, Suite 120	Montgomery	AL	36104
5 Columbia Regional Medical Center	010081	30134	Columbia Homecare Regional	017319	30180	Branch	350 Taylor Road, Suite 2600 & 2700	Montgomery	AL	36117
6 Columbia Regional Medical Center	010081	30134	Columbia Homecare Regional	017319	30180	Branch	306 Park Plaza	Clanton	AL	35015
7 Columbia Regional Medical Center	010081	30134	Columbia Homecare Regional	017319	30180	Branch	466A East Main Street	Prattville	AL	36067
8 Columbia Regional Medical Center	010081	30134	Columbia Homecare Regional	017319	30180	Admin	746 Adams Avenue	Montgomery	AL	36104
9 Columbia Northwest Medical Center	010094	30110	Columbia Homecare Northwest	017131	30113	Parent	719 Highway 43, Suite F	Russellville	AL	35653
10 Columbia Four Rivers Medical Center	010118	30116	Columbia Homecare Camden	017320	30179	Branch	219 Claiborne Street	Camden	AL	36726
11 Columbia Four Rivers Medical Center	010118	30116	Columbia Homecare Demopolis	017320	30179	Branch	1050 Bailey Drive	Demopolis	AL	36712
12 Columbia Four Rivers Medical Center	010118	30116	Columbia Homecare Gilbertown	017320	30179	Branch	Suite #2, Gilbertown Plaza	Gilbertown	AL	36908
13 Columbia Four Rivers Medical Center	010118	30116	Columbia Homecare Grove Hill	017320	30179	Branch	127-C Clarke Street	Grove Hill	AL	36451
14 Columbia Four Rivers Medical Center	010118	30116	Columbia Homecare Marion	017320	30179	Branch	421 Washington Street	Marion	AL	36756
15 Columbia Four Rivers Medical Center	010118	30116	Columbia Homecare Selma	017320	30179	Parent	1792 Highway 14 East	Selma	AL	36701
16 Columbia Four Rivers Medical Center	010118	30116	Columbia Homecare Selma	017320	30179	Admin	1015 Medical Center Park	Selma	AL	36701

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Columbia/HCA
Home Health Agency List for 1996 and 1997

HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHIA PROV #	HHIA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
17 Columbia Medical Center of Huntsville	010111	30124	Columbia Homecare Huntsville	017039	6788	Parent	2905 Westcorp Blvd., Suite 119	Huntsville	AL	35805
18 Columbia Medical Arts Hospital of Texarkana	450703	30334	Columbia Homecare Northeast Texas	017140	39214	Parent	1623 Arkansas Blvd	Texarkana	AR	71854
19 Medical Center of South Arkansas	040088	30416	MCSA Home Health Care	047021	30417	Parent	460 West Oak, P. O. Box 1998	El Dorado	AR	71731-1998
20 Medical Center of South Arkansas	040088	30416	MCSA Home Health Care	047021	30417	Branch	9671 Strong Hwy.	Strong	AR	71765
21 Columbia Medical Park Hospital	040091	30406	Columbia Homecare Hope	047091	30413	Parent	2418 Hwy. 73 E, P. O. Box 1537	Hope	AR	71802
22 Columbia Medical Park Hospital	040091	30406	Columbia Homecare Hope	047091	30413	Branch	P. O. Box 987, Hwy. 82	Lewisville	AR	71845
23 Columbia Medical Park Hospital	040091	30406	Columbia Homecare Hope	047091	30413	Branch	1705 Fastridge Drive	Magnolia	AR	71753
24 Columbia Medical Park Hospital	040091	30406	Columbia Homecare Hope	047091	30413	Branch	210 S. Main	Nashville	AR	71852
25 Columbia Medical Park Hospital	040091	30406	Columbia Homecare Hope	047091	30413	Branch	120 W. 2nd North	Prescott	AR	71857
26 Columbia Medical Park Hospital	040091	30406	Columbia Homecare Glenwood	047344	30413	Sub-Unit	100 Mountain View, Suite 2	Glenwood	AR	71943
27 Columbia Medical Park Hospital	040091	30406	Columbia Homecare Camden	047345	30413	Sub-Unit	1137 Washington S.W., Unit 113	Camden	AR	71701
28 Columbia DeQueen Regional Medical Center	040107	30407	Columbia Homecare DeQueen	047150	30411	Parent	821 N. Maple	DeQueen	AR	71832
29 Columbia Medical Center Phoenix	030008	30301	Columbia Homecare Medical Center Phoenix	037137A	30318	Parent	1901 East Thomas, Suite 208	Phoenix	AZ	85016
30 Columbia El Dorado Hospital	030080	30316	Columbia Homecare El Dorado	037147	30326	Parent	1200 North El Dorado Place, Suite 550-F	Tucson	AZ	85715
31 Columbia Paradise Valley Hospital	030083	30306	Columbia Homecare Paradise Valley	037172	30319	Parent	16601 North 40th Street, Suite 101A	Phoenix	AZ	85012
32 Columbia Northwest Medical Ctr.	030085	30317	Columbia Homecare Northwest	037153	30325	Parent	2001 W. Orange Grove Road, #202	Tucson	AZ	85704

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HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHA PROV #	HHA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
33 Columbia West Valley Medical Center	1 00014	31201	Columbia Homes are Alturas	137006	31204	Branch	114 W. 3rd Street	Alturas	CA	96101
34 Riverside Community Hospital	050022	7150	Riverside Community Hospital/Home Health	052082	7151	Parent	4445 Magnolia Avenue, 2nd Floor	Riverside	CA	92501
35 Columbia San Jose Medical Center	050215	30574	Columbia Homes are and Hospice San Jose	057012	30580	Parent	2025 Gateway Place, Suite 260	San Jose	CA	95110
36 Columbia San Jose Medical Center	050215	30574	Columbia Homes are and Hospice San Jose	057012	30579	Branch	7855 Wren Avenue, Suite D	Gilroy	CA	95020
37 Columbia San Leandro Hospital	050264	30512	Columbia Homes are San Leandro	557410	30520	Parent	151 Callan Avenue, Suite 212	San Leandro	CA	94578
38 Columbia Healthsbury General Hospital	050131	30538	Columbia Homecare Healthsbury	057612	6614	Parent	911 Medical Center Plaza, Suite 24	Windsor	CA	95492
39 Columbia Palm Drive Hospital	050385	30536	Columbia Homecare Palm Drive	557245	6615	Parent	652 Petaluma Avenue, Suite D	Sebastopol	CA	95472
40 Columbia West Anaheim Medical Center	050426	30502	Columbia Homes are West Anaheim	557538	30543	Parent	3055 West Orange Avenue, Suite 201	Anaheim	CA	92804
41 Columbia West Hills Medical Center	050481	30504	Columbia Homecare West Hills	557422	30516	Parent	7120 Woodlake Avenue, Suite 110	West Hills	CA	91307
42 Columbia Los Robles Hospital and Medical Center	050549	30555	Columbia Homecare Los Robles	557537	30582	Parent	2190 Lynn Road, Suite 320	Thousand Oaks	CA	91360
43 Columbia San Clemente Hospital and Medical Center	050585	30596	Columbia Homecare San Clemente	557717	6591	Parent	653 Camino de los Mares, Suite 104	San Clemente	CA	92673
44 Columbia Chino Valley Medical Center	050586	30532	Columbia Homecare Chino Valley	057630	30569	Parent	12403 Central Avenue	Chino	CA	91710
45 Columbia Mission Bay Memorial Hospital	050598	30535	Columbia Homecare Mission Bay	557009	30568	Parent	4901 Morena Blvd., Suite 214	San Diego	CA	92117
46 Columbia Rose Medical Center	060032	30619	Columbia Homecare Colorado	067113	35617	Parent	8565 S. Poplar Way	Littleton	CO	80126
47 Columbia Rose Medical Center	060032	30619	Columbia Homecare Colorado	067113	35617	Branch	550 E. Thornton Parkway, #202	Thornton	CO	80229
48 Columbia Rose Medical Center	060032	30619	Columbia Homecare Colorado	067113	35617	Branch	8565 S. Poplar Way	Littleton	CO	80126

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Columbia/HCA
Home Health Agency List for 1996 and 1997

HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHIA PROV #	HHIA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
49 North Suburban Medical Center	060065	30667	Columbia Homecare Colorado	067245	35631	Parent	550 E. Thornton Parkway, Suite 202	Thornton	CO	80229
50 North Suburban Medical Center	060065	30667	Columbia Homecare Colorado	067245	35631	Branch	666 Mountain View, Suite 4	Longmont	CO	80501
51 Aurora Regional Medical Center	060100	30666	Columbia Homecare Colorado	067102	35630	Parent	1400 S. Polomac Street, Suite 200	Aurora	CO	80012
52 Columbia Homecare Group	Froestanding	N/A	Columbia Homecare	067083	30652	Parent	425 S. Cherry, #800	Denver	CO	80222
53 Columbia Cedars Medical Center	100009	35932	Columbia Homecare	107081	35935	Parent	1400 NW 12th Avenue, 4th Floor	Miami	FL	33136
54 Columbia Twin Cities Hospital	100054	30948	Columbia Homecare	107240A	38958	Parent	490 Highway 85 North	Niceville	FL	32578
55 Columbia Twin Cities Hospital	100054	30948	Columbia Homecare	107240A	38958	Branch	2221 S. Fenton Blvd.	Crestview	FL	32536-9433
56 Columbia Miami Heart Institute	100060	35930	Columbia Homecare	107098A	36982	Parent	1111 Park Centre Blvd., Suite 480	Miami	FL	33169
57 Columbia Medical Center - Peninsula	100068	38988	Columbia Homecare Peninsula	107121	6551	Parent	1236 Oceanshore Blvd.	Ormond Beach	FL	32176
58 Columbia Medical Center - Peninsula	100068	38988	Columbia Homecare Peninsula	107121	6551	Branch	25 Old King's Road	Palm Coast	FL	32137
59 Columbia JFK Medical Center	100080	37969	Columbia Homecare Palm Beach County	107111	37970	Parent	2829 B 10th Avenue North	Lake Worth	FL	33461
60 Columbia JFK Medical Center	100080	37969	Columbia Homecare Palm Beach County	107111	37970	Branch	1100 N. Main Street, Suite D	Belle Glade	FL	33430
61 Columbia JFK Medical Center	100080	37969	Columbia Homecare Palm Beach County	107111	37970	Branch	2700 PGA Blvd, Suite 106	Palm Beach Gardens	FL	33410
62 Columbia East Pointe Hospital	100107	37932	Abbe Carr	107295B	38974	Parent	401-A Ida Street	Lehigh Acres	FL	33936
63 Columbia Hamilton Medical Center	100108	36993	Columbia Homecare Hamilton	107474	6005	Parent	Hwy. 129 N & Shady Oak Lane	Jasper	FL	32052
64 Columbia Medical Center - Osceola	100110	30902	Columbia Homecare Kissimmee	107112	35993	Parent	501 E. Oak Street, Suite B	Kissimmee	FL	34744

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Home Health Agency List for 1996 and 1997

HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHA PROV #	HHA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
65 Columbia Medical Center - Osceola	100110	30902	Columbia Homecare - Osceola	107112	35993	Admin	700 West Oak Street	Kissimmee	FL	34741-4900
66 Columbia Medical Center - Osceola	100110	30902	Columbia Homecare - St. Cloud	107112	35993	Branch	1700 13th Street, Suite 1	St. Cloud	FL	34769
67 Columbia Medical Center - Osceola	100110	30902	Trico Home Health Services - Barefoot Bay	107112	35991	Branch	937 Barefoot Blvd., Suite B	Barefoot Bay	FL	32976
68 Columbia Medical Center - Osceola	100110	30902	Trico Home Health Services - Cocoa	107112	35994	Branch	3815 N. U.S. Hwy. 1	Cocoa	FL	32926
69 Columbia Medical Center - Osceola	100110	30902	Trico Home Health Services - Melbourne	107112	35989	Branch	1600 Sarno Road, Suite 215	Melbourne	FL	32935
70 Columbia Medical Center - Osceola	100110	30902	Trico Home Health Services - Palm Bay	107112	35991	Branch	1071 Port Malabar Blvd. N.E., Suite 203	Palm Bay	FL	32905
71 Columbia Medical Center - Osceola	100110	30902	Trico Home Health Services - Palm Bay	107293	35991	Parent	1071 Port Malabar Blvd. N.E., Suite 203	Palm Bay	FL	32905
72 Columbia Aventura Hospital and Medical Center	100131	30920	Columbia Homecare	107199A	36981	Parent	640 E. Hallandale Beach Blvd.	Hallandale	FL	33009
73 Columbia Lake City Medical Center	100156	37938	Columbia Homecare - Branford	107420	38940	Branch	210 Suwannee Avenue	Branford	FL	32048
74 Columbia Lake City Medical Center	100156	37938	Columbia Homecare - Lake City	107420	38940	Parent	4580 Commerce Blvd., Route 18, Box 2	Lake City	FL	32025
75 Columbia Lake City Medical Center	100156	37938	Columbia Homecare - Live Oak	107420	38940	Branch	1431 North Ohio Avenue	Live Oak	FL	32060
76 Columbia Lake City Medical Center	100156	37938	Columbia Homecare - Live Oak	107370A	38940	Parent	1431 North Ohio Avenue	Live Oak	FL	32060
77 Columbia Central Florida Regional Hosp (Sanford)	100161	30953	Columbia Homecare - Deland	107304	38945	Branch	145 East Rich Avenue	Deland	FL	32724
78 Columbia Central Florida Regional Hosp (Sanford)	100161	30953	Columbia Homecare - Deltona	107304	38945	Branch	1200 Deltona Blvd., Suite 61	Deltona	FL	32725
79 Columbia Central Florida Regional Hosp (Sanford)	100161	30953	Columbia Homecare - Lake Mary	107304	38945	Admin	100 Waymont Court, Suite 120	Lake Mary	FL	32746
80 Columbia Central Florida Regional Hosp (Sanford)	100161	30953	Columbia Homecare - Sanford	107304	38945	Parent	1401 W. Seminole Blvd.	Sanford	FL	32771

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Columbia/HCA
Home Health Agency List for 1996 and 1997

HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHIA PROV #	HHIA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
81 Columbia Central Florida Regional Hosp (Sanford)	100161	30953	Columbia Homecare	107338	38948	Parent	220 S. Ridgewood Avenue, Suite 230	Daytona Beach	FL	32114
82 Columbia Central Florida Regional Hosp (Sanford)	100161	30953	Columbia Homecare New Smyrna Beach	107338	38948	Branch	505 Canal Street	New Smyrna Beach	FL	32186
83 Columbia Central Florida Regional Hosp (Sanford)	100161	30953	Columbia Homecare Port Orange	107338	38948	Branch	3930 S. Nova Road, Suite 301	Port Orange	FL	32127
84 Columbia Central Florida Regional Hosp (Sanford)	100161	30953	Columbia Homecare Sanford	107392	37992	Parent	1401 W. Seminole Blvd.	Sanford	FL	32771
85 Columbia Central Florida Regional Hosp (Sanford)	100161	30953	Columbia Homecare Daytona	107161A	6738	Parent	220 S. Ridgewood Avenue, Suite 230	Daytona Beach	FL	32114
86 Winter Park Memorial Hospital	100162	35977	Park Home Care	107161	35984	Parent	1604 Dodd Road	Winter Park	FL	32792
87 Winter Park Memorial Hospital	100162	35977	Park Home Care	107234	35983	Parent	1992 Mizell Avenue	Winter Park	FL	32792
88 Winter Park Memorial Hospital	100162	35977	Park Home Care	107234	35983	Branch	1604 Dodd Road	Winter Park	FL	32792
89 Winter Park Memorial Hospital	100162	35977	Park Home Care	107257	35978	Parent	1604 Dodd Road	Winter Park	FL	32792
90 Winter Park Memorial Hospital	100162	35977	Trico Home Health Services - Titusville	107377	35981	Parent	129 S. Park Avenue	Titusville	FL	32796
91 Columbia Doctors Hospital of Sarasota	100166	36930	Columbia Homecare Sarasota	107405	36950	Parent	7400 S. Tamiami Trail	Sarasota	FL	34231
92 Columbia Doctors Hospital of Sarasota	100166	36930	Columbia Homecare Sarasota	107132A	36951	Parent	7400 S. Tamiami Trail	Sarasota	FL	34231
93 Columbia Doctors Hospital of Sarasota	100166	36930	Columbia Homecare Sarasota	107198A	36952	Parent	7400 S. Tamiami Trail	Sarasota	FL	34231
94 Columbia Clearwater Community Hospital	100174	37953	Columbia Homecare	107273	38927	Parent	1721 Main Street	Dunedin	FL	34698
95 Columbia Memorial Hospital Jacksonville	100179	36957	Columbia Homecare	107102A	38962	Parent	1965 Beach Way Road, Suite 100	Jacksonville	FL	32207
96 Columbia Memorial Hospital Jacksonville	100179	36957	Columbia Homecare	107290A	38962	Parent	1965 Beach Way Road, Suite 100	Jacksonville	FL	32207

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HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHIA PROV #	HHIA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
97 Columbia St. Petersburg Medical Center	100180	30901	Columbia Homes are	107084	36975	Parent	5510 Gulfport Blvd. South	Gulfport	FL	33707
98 Columbia St. Petersburg Medical Center	100180	30901	Columbia Homes are	107084	36975	Branch	5535 Park Street North, Eagle Park	St. Petersburg	FL	33709
99 Columbia Northwest Medical Center	100189	30995	Columbia Homes are Boca	107198	7077	Parent	880 N. W. 13th Street, Suite 101	Boca Raton	FL	33486
100 Columbia Northwest Medical Center	100189	30995	Columbia Homes are Ft. Lauderdale	107190A	36980	Parent	3600 W. Commercial Blvd, Suite 201	Ft. Lauderdale	FL	33309
101 Columbia Northwest Medical Center	100189	30995	Columbia Homes are Northwest	107190A	36980	Branch	5800 Colonial Drive, #200	Margate	FL	33063
102 Columbia New Port Richey Hospital	100191	30941	Columbia Homes are	107331A	36965	Parent	5622 Marine Parkway, #3	New Port Richey	FL	34652
103 Columbia North Florida Regional Medical Center	100204	30916	Columbia Homes are North Florida	107140	38925	Parent	Highway 26 North, Route 1, Box 1032	Trenton	FL	32693
104 Columbia North Florida Regional Medical Center	100204	30916	Columbia Homes are North Florida	107157	38925	Parent	319 West Call Street, Suite B	Starke	FL	32091
105 Columbia North Florida Regional Medical Center	100204	30916	Columbia Homes are North Florida	107175A	38925	Parent	319 West Call Street, Suite B	Starke	FL	32091
106 Columbia North Florida Regional Medical Center	100204	30916	Columbia Homes are North Florida	107486A	38925	Parent	1034 N.W. 57th Street	Gainesville	FL	32605
107 Columbia North Florida Regional Medical Center	100204	30916	Columbia Homes are North Florida	107486A	38925	Branch	319 West Call Street, Suite C	Starke	FL	32091
108 Columbia North Florida Regional Medical Center	100204	30916	Columbia Homes are North Florida	107486A	38925	Branch	1109 N. W. 23rd Avenue, P.O. Box 1518	Chiefland	FL	32626
109 Columbia North Florida Regional Medical Center	100204	30916	Columbia Homes are North Florida	107486A	38925	Branch	7282 S. W. State Road 26	Trenton	FL	32493
110 Columbia North Florida Regional Medical Center	100204	30916	Columbia Homes are North Florida	107486A	38925	Branch	240 N. E. 1st Avenue	High Springs	FL	32643
111 Columbia Kendall Medical Center	100209	35911	Columbia Homes are	107367A	36991	Parent	11750 Bird Road	Miami	FL	33175
112 Columbia Dade City Hospital	100211	30907	Columbia Homes are	107148	38970	Parent	206 South Florida Avenue	Bushnell	FL	33513

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HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHIA PROV #	HHIA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
113 Columbia Dade City Hospital	100211	30907	Columbia Homecare	107312A	36948	Parent	37802 Medical Arts Court, Bldg. 3	Zephyrhills	FL	33541
114 Columbia Dade City Hospital	100211	30907	Columbia Homecare	107312A	38915	Branch	6014 US Highway 19, Suite 100	New Port Richey	FL	34652
115 Ocala Regional Medical Center	100212	30927	Columbia Homecare	107512	38923	Parent	18810 U. S. Hwy. 441	Mt. Dora	FL	32757
116 Ocala Regional Medical Center	100212	30927	Columbia Homecare	107512	38923	Branch	9030 West Ft. Island Trail, Suite 9A	Crystal River	FL	34429
117 Ocala Regional Medical Center	100212	30927	Columbia Homecare	107512	38923	Branch	18810 U. S. Hwy. 441	Mt. Dora	FL	32757
118 Ocala Regional Medical Center	100212	30927	Columbia Homecare	107512	38923	Branch	121 LaGrande Blvd.	Lady Lake	FL	32159
119 Ocala Regional Medical Center	100212	30927	Columbia Homecare	107533	38923	Parent	2303 SE 17th Street, Suite 102A	Ocala	FL	34471
120 Blake Medical Center	100213	30949	Columbia Homecare	107136	36960	Parent	1886 59th Street West	Bradenton	FL	34209
121 Blake Medical Center	100213	30949	Columbia Homecare	107136	36960	Branch	1105 53rd Avenue East, Suite C	Bradenton	FL	34203
122 Columbia Regional Medical Center Southwest Florida	100220	35955	Able Care	107350	36911	Parent	3800 Evans Avenue	Fort Myers	FL	33901
123 Columbia Regional Medical Center Southwest Florida	100220	35955	Able Care	107350	36911	Branch	28451 South Tamiami Trail	Bonita Springs	FL	34134
124 Columbia Regional Medical Center Southwest Florida	100220	35955	Able Care	107350	36911	Branch	1003 Del Prado Blvd.	Cape Coral	FL	33990
125 Columbia Park Medical Center	100221	30905	Columbia Homecare Orlando	107390	37982	Parent	77 Underwood Street, Suite 200	Orlando	FL	32806
126 Columbia Fort Walton Beach Medical Center	100223	30909	Columbia Homecare	107276	36929	Parent	417 NW Race Track Road, Suite C	Fort Walton Beach	FL	32547
127 Columbia Fort Walton Beach Medical Center	100223	30909	Columbia Homecare	107276	36929	Branch	4432 Avalon Blvd.	Milton	FL	32570
128 Columbia Fort Walton Beach Medical Center	100223	30909	Northwest Florida Home Health Agency	107323	6939	Parent	1326 Lewis Turner Blvd.	Fort Walton Beach	FL	32547

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HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHA PROV #	HHA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
129 Columbia University Hospital and Medical Center	100224	35940	Columbia Homecare	107219	35969	Parent	7201 N. University Drive	Tamarac	FL	33321
130 Columbia Orange Park Medical Center	100226	30913	Columbia Homecare	107505	38971	Parent	1532 Kingsley Avenue, Suite 114	Orange Park	FL	32073
131 Columbia Orange Park Medical Center	100226	30913	Columbia Homecare	107505	38971	Branch	100 S. Park Blvd., Suite 202	St. Augustine	FL	32086
132 Columbia Orange Park Medical Center	100226	30913	Columbia Homecare	107505	38971	Admin	1855 Wells Road, Bldg. 1, Suite 4	Orange Park	FL	32073
133 Columbia Westside Regional Medical Center	100228	30908	Columbia Homecare Hollywood	107105A	36985	Parent	3878 Sheridan Street	Hollywood	FL	33021
134 Columbia Westside Regional Medical Center	100228	30908	Columbia Homecare Plantation	107105A	36987	Branch	8201 W. Broward Blvd.	Plantation	FL	33324
135 Columbia West Florida Regional Medical Center	100231	30928	Northwest Florida Home Health Agency	107100	6525	Parent	4700 Bayou Blvd., Bldg. 5	Pensacola	FL	32503
136 Columbia West Florida Regional Medical Center	100231	30928	Northwest Florida Home Health Agency	107100	6525	Branch	3806 Hwy. 90	Pensacola	FL	32571
137 Columbia West Florida Regional Medical Center	100231	30928	Northwest Florida Home Health Agency	107100	6525	Branch	14 West Jordan Street, Suite 2E	Pensacola	FL	32501
138 Columbia West Florida Regional Medical Center	100231	30928	Advanced Home Health Care	107394	37907	Parent	4700 Bayou Blvd., Bldg. 2-3	Pensacola	FL	32503
139 Columbia Putnam Medical Center	100232	30929	Columbia Homecare	107352	37903	Parent	205 Zeigler Drive, #401, P.O. Box 778	Palatka	FL	32178
140 Columbia Putnam Medical Center	100232	30929	Columbia Homecare	107514	37903	Parent	205 Zeigler Drive, #401, P.O. Box 778	Palatka	FL	32178
141 Columbia Putnam Medical Center	100232	30929	Columbia Homecare	107366A	37903	Parent	205 Zeigler Drive, #401, P.O. Box 778	Palatka	FL	32178
142 Columbia Hospital	100234	30923	Columbia Homecare	107240A	36979	Parent	4700 North Congress Avenue, Suite 101	West Palm Beach	FL	33407
143 Columbia Fawcett Memorial Hospital	100236	35953	Columbia Homecare	107194	36903	Parent	3280 Tamiami Trail, Suite 45-47	Port Charlotte	FL	33952
144 Columbia Fawcett Memorial Hospital	100236	35953	Columbia Homecare	107169A	36977	Parent	3280 Tamiami Trail, Suite 45-47	Port Charlotte	FL	33952

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	HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	IHA PROV #	IHA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
145	Columbia Northside Medical Center	100238	30950	Columbia Homecare	107171A	36967	Parent	13577 Feather Sound Drive, Suite 170	Clearwater	FL	34622
146	Columbia Northside Medical Center	100238	30950	Columbia Homecare	107171A	36967	Branch	13773 1st Blvd., Suite 517	Clearwater	FL	34620
147	Columbia Edward White Hospital	100239	37934	Columbia Homecare	107085	38935	Parent	5200 16th Street North	St. Petersburg	FL	33703
148	Columbia Edward White Hospital	100239	37934	Columbia Homecare	107228	7857	Parent	8383 Seminole Blvd.	Seminole	FL	34642
149	Gulf Coast Medical Center	100242	35954	Able Care	107165A	36941	Parent	4100 Goodlette Road, Suite 200	Naples	FL	34103
150	Gulf Coast Medical Center	100242	35954	Columbia Homecare Gulf Coast	107275A	38952	Parent	107 West 19th Street	Panama City	FL	32405
151	Gulf Coast Medical Center	100242	35954	Columbia Homecare Gulf Coast	107275A	38952	Branch	410 Lung Avenue	Port St. Joe	FL	32456
152	Gulf Coast Medical Center	100242	35954	Columbia Homecare Gulf Coast	107275A	38952	Branch	4261 Lafayette Street	Marianna	FL	32446
153	Columbia Brandon Regional Medical Center	100243	30917	Columbia Homecare	107017	38963	Parent	5001 Cypress Street, Suite 100	Tampa	FL	33609
154	Columbia Brandon Regional Medical Center	100243	30917	Columbia Homecare	107166A	36945	Parent	124 S. Florida Avenue	Lakeland	FL	33815
155	Columbia Brandon Regional Medical Center	100243	30917	Columbia Homecare	107166A	37962	Branch	600 East Hinson Avenue	Haines City	FL	33844
156	Columbia Brandon Regional Medical Center	100243	30917	Columbia Homecare	107279A	36946	Parent	1395 Oakfield Avenue, Suite 225	Brandon	FL	33511
157	Columbia Brandon Regional Medical Center	100243	30917	Columbia Homecare	107337A	36943	Parent	10001 Dale Mabry, Suite 101	Tampa	FL	33618
158	Columbia Lawwood Regional Medical Center	100246	30912	Columbia Homecare Lawwood	107393	38918	Parent	2500 Rhode Island Avenue	Fl. Pierce	FL	34947
159	Columbia Largo Medical Center	100248	30936	Columbia Homecare	107213A	36962	Parent	300 South Duncan, Suite 220	Clearwater	FL	34615
160	Columbia Largo Medical Center	100248	30936	Columbia Homecare	107213A	36962	Branch	3165 McMullen Booth Road, Suite 4	Clearwater	FL	34621

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HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHA PROV #	HHA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
161 Columbia Largo Medical Center	100248	30936	Columbia Homecare	10721A	36962	Branch	1501 U.S. Alt 19, Suite P	Tarpon Springs	FL	34689
162 Columbia Largo Medical Center	100248	30936	Columbia Homecare	10721A	36962	Branch	42678 U.S. Highway 19 North	Tarpon Springs	FL	34689
163 Columbia Rantoulson Hospital	100252	30933	Columbia Homecare Rantoulson	107395	36917	Parent	217 SW Park Street	Okeechobee	FL	34974
164 Columbia Tallahassee Community Hospital	100254	30954	Columbia Homecare	107244	37901	Parent	1229 West Base Street	Madison	FL	32203
165 Columbia Tallahassee Community Hospital	100254	30954	Columbia Homecare	107200A	37901	Parent	233 Office Plaza Drive	Tallahassee	FL	32301
166 Columbia Tallahassee Community Hospital	100254	30954	Columbia Homecare	107200A	37901	Branch	P. O. Box 1059	Bristol	FL	32321
167 Columbia Regional Medical Center Bayonet Point	100256	30951	Columbia Homecare	107346	36965	Parent	12029 Majestic Blvd., Suite 8	Bayonet Point	FL	34667
168 Columbia Regional Medical Center Bayonet Point	100256	30951	Columbia Homecare	107487	36927	Parent	13910 Fivay Road, Suite 9	Hudson	FL	34667
169 Columbia Regional Medical Center Bayonet Point	100256	30951	Columbia Homecare	107378A	36966	Parent	13910 Fivay Road, Suite 7	Hudson	FL	34667
170 Columbia South Bay Hospital	100259	37941	Columbia Homecare	107463	38924	Parent	3909 Galen Court, Suite B	Sun City Center	FL	33573
171 Columbia South Bay Hospital	100259	37941	Columbia Homecare	107356B	38964	Parent	259 U.S. Highway 27 North	Sebring	FL	33870
172 Columbia Medical Center - Port St. Lucie	100260	30966	Columbia Homecare Port St. Lucie	107284	36996	Parent	1651 S.E. Tiffany Avenue, Suite 104	Port St. Lucie	FL	34952
173 Columbia Medical Center - Port St. Lucie	100260	30966	Sebastian Home Care	107284	36996	Branch	1627 U.S. Hwy. 1, Suite 16	Sebastian	FL	32958
174 Columbia Medical Center - Port St. Lucie	100260	30966	Vero Home Care	107284	36996	Branch	2300 3rd Court	Vero Beach	FL	32960
175 Columbia Regional Medical Center - Oak Hill	100264	30997	Columbia Homecare	107330A	36970	Parent	12108 Cortez Blvd.	Brooksville	FL	34613
176 Columbia Englewood Community Hospital	100267	35952	Able Care	107135	36906	Parent	628 N. Indiana Avenue	Englewood	FL	34221

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HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHH PROV #	HHH COID #	STATUS	ADDRESS	CITY	STATE	ZIP
177 Columbia Triplerwood Community Hospital	100267	35952	Able Care	107135	36906	Branch	333 S. Tamiami Trail, Suite 225	Venice	FL	34285
178 Columbia Palms West Hospital	100269	37940	Columbia Homecare	107502	6556	Parent	12989 Southern Blvd., Suite 101	Loxahatchee	FL	33470
179 Columbia Medical Center - Peninsula	100068	36988	Columbia Homecare	Commercial	38990	Parent	525 Shadow Lakes Blvd., Suite 200	Ormond Beach	FL	32174
180 Columbia JFK Medical Center	100080	37969	Columbia Homecare North	Commercial	37972	Parent	4 Harvard Circle, Suite 700	West Palm Beach	FL	33409
181 Columbia Central Florida Regional Hosp (Sanford)	100161	30953	Columbia Homecare Longwood		38949	Admin	765 West State Road 434, Suite F	Longwood	FL	32750
182 Columbia Central Florida Regional Hosp (Sanford)	100161	30953	Columbia Homecare Palm Coast	107164A	6738	Branch	2 Office Park, Suite E	Palm Coast	FL	32137
183 Winter Park Memorial Hospital	100162	35977	Columbia Homecare	Commercial	35982	Parent	130 University Park Drive, Suite 190	Winter Park	FL	32792
184 Columbia Doctors Hospital	100166	36930	Columbia Homecare Sarasota	107132A	36951	Branch	941 S. Riva	Sarasota	FL	34235
185 Columbia Clearwater Community Hospital	100174	37953	Columbia Homecare	107273	38927	Branch	34990 U.S. Highway 19 North	Palm Harbor	FL	34684
186 Columbia Park Medical Center	100221	30905	Columbia Park Homecare	107190	37982	Branch	7575 Dr. Phillips Blvd., Suite 245	Orlando	FL	32819
187 Columbia Park Medical Center	100221	30905	Columbia Park Homecare	107190	37982	Branch	5029 North Lane, Suite 1	Orlando	FL	32808
188 Columbia Fort Walton Beach Medical Center	100233	30909	Advanced Home Health Care	107276	36929	Branch	4432 Avalon Blvd.	Milton	FL	32570
189 Columbia University General Hospital	100235	6795	Columbia Homecare	107228	38977	Parent	9423 Seminole Blvd., #2	Seminole	FL	34612
190 Columbia Tallahassee Community Hospital	100254	30954	Advanced Home Health Care	107244	37901	Branch	Highway 20, Revell Bldg.	Bristol	FL	32321
191 Columbia Regional Medical Center/Oak Hill Hospital	100264	30997	Columbia Homecare	107330A	36970	Branch	5425 Commercial Way	Spring Hill	FL	34646
192 Columbia Regional Medical Center/Oak Hill Hospital	100264	30997	Columbia Homecare	107330A	36970	Branch	1188 Mariner Blvd., Suite A.	Spring Hill	FL	34609

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HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHA PROV #	HHA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
193 Columbia Divisional Agency	Freestanding	N/A	Columbia Homecare North	Commercial	37972	Parent	2829 10th Avenue North	Lake Worth	FL	33461
194 Columbia Divisional Agency	Freestanding	N/A	Columbia Homecare South	Commercial	35986	Parent	12701 West Sunrise Blvd.	Sunrise	FL	33323
195 Columbia Homecare Group	Freestanding	N/A	Columbia Homecare	N/A	7041	Parent	130 University Park Drive, Suite 190	Winter Park	FL	32792
196 Columbia Homecare Group	Freestanding	N/A	Columbia Homecare	N/A	7041	Branch	3930 S. Nova Road, #202	Port Orange	FL	32127
197 Columbia Homecare Group	Freestanding	N/A	Columbia Homecare	N/A	7041	Branch	4986 S. 25th Street	Fl. Pierce	FL	34981
198 Divisional Commercial Agency - Indiana Contract Only	N/A	07172	Columbia Homecare-Sarasota	107258	7172	Parent	943 S. Beneva, Suite 204B	Sarasota	FL	34232
199 Columbia Northlake Regional Medical Center	110033	31055	Clinical Arts Home Care Services, Inc.	117065	6950	Parent	9144 Hwy. 278 East	Covington	GA	30014
200 Columbia Northlake Regional Medical Center	110033	31055	Clinical Arts Home Care Services, Inc.	117065	6950	Branch	215 East Church St., P. O. Box 1090	Monroe	GA	30655
201 Columbia Coliseum Medical Centers	110164	30151	Healthlink Services of Middle Georgia	117093	6951	Parent	2490 Riverside Drive	Macon	GA	31204
202 Columbia Redmond Regional Medical Center	110168	31052	North Georgia Home Health Agency	117028	6952	Parent	1875 East Drive	Fl. Oglethorpe	GA	30742
203 Columbia Redmond Regional Medical Center	110168	31052	North Georgia Home Health Agency	117028	6952	Branch	600 South Commerce Street	Summerville	GA	30747
204 Columbia Redmond Regional Medical Center	110168	31052	North Georgia Home Health Agency	117028	6952	Branch	156 Main Street	Trenton	GA	30752
205 Columbia Redmond Regional Medical Center	110168	31052	North Georgia Home Health Agency	117028	6952	Branch	610 South Glenwood Avenue	Dalton	GA	30721
206 Columbia Redmond Regional Medical Ctr.	110168	31052	Columbia Homecare Coosa Valley	117041	31063	Parent	11 State Mutual Drive, Suite 102	Rome	GA	30163
207 Columbia Redmond Regional Medical Ctr.	110168	31052	Columbia Homecare Coosa Valley	117041	31063	Branch	401 N. Main Street, P. O. Box 226	Cedartown	GA	30125
208 Columbia Redmond Regional Medical Ctr.	110168	31052	Columbia Homecare Coosa Valley	117041	31063	Branch	197 Curtis Parkway	Calhoun	GA	30701

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HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHIA PROV #	HHIA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
209 Columbia Redmond Regional Medical Ctr	110168	31052	Columbia Homecare Coosa Valley	117011	31063	Branch	P. O. Box 200782	Cartersville	GA	30120
210 Columbia Redmond Regional Medical Ctr	110168	31052	Columbia Homecare Coosa Valley	117041	31063	Branch	115 North Economy Street	Summerville	GA	30747
211 Columbia Redmond Regional Medical Ctr	110168	31052	Columbia Homecare Coosa Valley	117041	31063	Admin	585 Redmond Road	Rome	GA	30165
212 Columbia West Paces Medical Center	110171	31056	Central Home Health Care	117019A	6182	Parent	6666 Powers Ferry Road, Suite 220	Atlanta	GA	30319
213 Columbia West Paces Medical Center	110171	31056	Central Home Health Care	117019A	6182	Branch	519 Forest Parkway, Suite 100	Forest Park	GA	30050
214 Columbia West Paces Medical Center	110171	31056	Central Home Health Care	117019A	6182	Branch	12 Felton Place, Suite 100	Cartersville	GA	30120
215 Columbia West Paces Medical Center	110171	31056	Central Home Health Care	117039A	6182	Branch	1395 S. Marietta Parkway, Suite 220	Marietta	GA	30067
216 Columbia Dunwoody Medical Center	110172	31204	Central Home Health Care	117026	6949	Parent	4575 N. Shallowford Road	Atlanta	GA	30338
217 Columbia Dunwoody Medical Center	110172	31204	Central Home Health Care	117026	6949	Branch	1000 Hurricane Shoals Rd., Bldg. C, Suite 100	Lawrenceville	GA	30243
218 Columbia Dunwoody Medical Center	110172	31204	Central Home Health Care	117026	6949	Branch	495 Winn Way, Suite 100	Decatur	GA	30030
219 Columbia Dunwoody Medical Center	110172	31204	Central Home Health Care	117026	6949	Branch	5255 Shapfinger Park Drive, Suite 130	Decatur	GA	30075
220 Columbia Parkway Medical Center	110179	31053	Central Home Health Care	117050	6953	Parent	8483 Hospital Drive	Douglasville	GA	30134
221 Columbia Parkway Medical Center	110179	31053	Central Home Health Care	117050	6953	Branch	10 Bledsoe Road	Newnan	GA	30265
222 Columbia Parkway Medical Center	110179	31053	Central Home Health Care	117050	6953	Branch	100 Professional Park, Suite 201	Carrollton	GA	30117
223 Columbia Parkway Medical Center	110179	31053	Central Home Health Care	117050	6953	Branch	130 Eagle Springs Court	Stockbridge	GA	30281
224 Columbia Parkway Medical Center	110179	31053	Central Home Health Care	117050	6953	Branch	150 Carnegie Place, Suite 102	Fayetteville	GA	30214

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HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHA PROV #	HHA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
225 Columbia Lanier Park Hospital	110188	31079	Tugaloa Home Health Agency	117036	6954	Parent	11929 Augusta Road	Lavonia	GA	30553
226 Columbia Lanier Park Hospital	110188	31079	Tugaloa Home Health Agency	117036	6954	Branch	8000 Rock Quarry Road Ext.	Toccoa	GA	30577
227 Columbia Lanier Park Hospital	110188	31079	Tugaloa Home Health Agency	117036	6954	Branch	General Delivery - North Main Street	Clayton	GA	30525
228 Columbia Lanier Park Hospital	110188	31079	Tugaloa Home Health Agency	117036	6954	Branch	110 Canelet Way	Clarksville	GA	30523
229 Columbia Lanier Park Hospital	110188	31079	Tugaloa Home Health Agency	117036	7525	Sub-Unit	1856-14 Thompson Bridge Road	Gainesville	GA	30501
230 Columbia Lanier Park Hospital	110188	31079	Tugaloa Home Health Agency	117036	7525	Sub-Unit	432 B. Canton Hwy.	Cumming	GA	30130
231 Columbia West Valley Medical Center	130014	31201	Columbia Homecare Idaho	137006	31204	Parent	1717 Arlington Avenue	Caldwell	ID	83405
232 Columbia Eastern Idaho Regional Medical Center	130018	31202	Columbia Homecare Challis	137048	31205	Branch	1031 Main Street	Challis	ID	83226
233 Columbia Eastern Idaho Regional Medical Center	130018	31202	Columbia Homecare Idaho Falls	137048	31205	Parent	2635 Channing Way	Idaho Falls	ID	83404
234 Columbia LaGrange Memorial Hospital	140065	31335	Columbia Homecare West Suburbs	147678	31338	Parent	6406 Joliet Road, 2nd Floor	Countryside	IL	60525
235 Columbia Michael Reese Hospital and Medical Center	140075	31310	Columbia Homecare Chicago	147629	31302	Parent	2960 South Lake Park	Chicago	IL	60616
236 Columbia Olympia Fields Catholic Hospital and Med. Center	140172	31336	Columbia Homecare South Suburbs	147457	31398	Parent	19901 Governors Drive	Olympia Fields	IL	60461
237 Columbia Grant Hospital	140207	31316	Columbia Homecare Chicago North	147621	31322	Parent	550 West Webster, 2 N	Chicago	IL	60614
238 Columbia Hoffman Estates Medical Center	140290	31304	Columbia Homecare Northwest Suburbs	147581	31309	Parent	2500 West Higgins Road, Suite 1065	Hoffman Estates	IL	60195
239 Columbia Hoffman Estates Medical Center	140290	31304	Columbia Homecare Hoffman Estates (5)	147581	31341	Branch	6106 Joliet Road	Countryside	IL	60525
240 Columbia Hoffman Estates Medical Center	140290	31304	Columbia Homecare Hoffman Estates (4)	147581	31309	Branch	550 West Webster, 3rd Floor	Chicago	IL	60614

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HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	IIHA PROV #	IIHA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
241 Columbia Hoffman Estates Medical Center	140290	31304	Columbia Homecare Hoffman Estates (2)	147581	31309	Branch	1030 North Clarke, Suite 300	Chicago	IL	60610
242 Chicago Division LaGrange	N/A	31335	Columbia Hospice Chicago	141523	7761	Parent	6406 Joliet Road, 2nd Floor	Countryside	IL	60525
243 Columbia Homecare Group	N/A	07492	Columbia Homecare	147282	7492	Parent	10560 W. Carmak Road	Westchester	IL	60154
244 Columbia Terre Haute Regional Hospital	150046	31408	Columbia Homecare Terre Haute	157255	31414	Parent	3901 S. 7th Street	Terre Haute	IN	47802
245 Columbia Anderson Regional Medical Center	180014	31702	Caretenders of Southern Indiana	157422	31409	Parent	590 Missouri Avenue, Suite 202	Jeffersonville	IN	47130
246 Columbia Anderson Hospital	180014	31702	Caretenders of Southern Indiana	157422	31409	Branch	590 Missouri Avenue, Suite 101	Jeffersonville	IN	47130
247 Columbia Wesley Medical Center	170123	31608	Total Home Care	177170	31626	Parent	537 S. Main, P.O. Box 3208	Wichita	KS	67201
248 Columbia Wesley Medical Center	170123	31608	Total Home Care	177170	31626	Branch	114 E. 5th Avenue	Augusta	KS	67010
249 Columbia Wesley Medical Center	170123	31608	Total Home Care	177170	31626	Branch	2455 North Woodlawn, Suite 200	Wichita	KS	67220
250 Columbia Halstead Hospital	170144	31630	Hearland Home Health	177247	31631	Parent	328 Poplar	Halstead	KS	67056
251 Belhavy Medical Center	170148	7900	Belhavy Home Care	178037	7902	Parent	21 North 12th Street, Suite 475	Kansas City	KS	66102
252 Columbia Western Plains Medical Complex	170175	31601	Western Plains Home Health	177267	31609	Parent	100 Ross Blvd., Bldg. A, P.O. Box 1478	Dodge City	KS	67801
253 Columbia Overland Park Regional Medical Center	170176	31602	Columbia Homecare Overland Park	177148	31615	Parent	12301 W. 106th Street, Suite 100	Overland Park	KS	67215
254 Columbia Overland Park Regional Medical Center	170176	31602	American Nursing Services	Commercial	31624	Parent	6701 W. 64th Street, Suite 307	Shawnee Mission	KS	66202
255 Columbia Homecare Group	Free-standing	N/A	Columbia Homecare Midwest	Commercial	31624	Parent	10600 Quivira Road, Suite 10	Overland Park	KS	67215
256 Columbia Hospital Lexington	180007	31785	Columbia Homecare Central Kentucky	187155	7042	Parent	310 S. Limestone Street	Lexington	KY	40508

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HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHA PROV #	HHA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
257 Columbia Audubon Regional Medical Center	180014	31702	Caretenders of Louisville	187078	31704	Parent	100 Mallard Creek Road, Suite 200	Louisville	KY	40207
258 Columbia Audubon Regional Medical Center	180014	31702	Caretenders of Louisville	187078	31704	Branch	148 Midland Trail Court	Shelbyville	KY	40065
259 Columbia Audubon Regional Medical Center	180014	31702	Caretenders of Louisville	187078	31704	Branch	101-B East Main Street	LaGrange	KY	40031
260 Columbia Audubon Regional Medical Center	180014	31702	Caretenders of Louisville	187078	31704	Branch	100 Mallard Creek Drive, Suite 200	Louisville	KY	40207
261 Columbia Audubon Regional Medical Center	180014	31702	Caretenders of Louisville	187078	31704	Branch	100 Mallard Creek Drive, Suite 200	Louisville	KY	40207
262 Columbia Audubon Regional Medical Center	180014	31702	Caretenders of Louisville	187078	31704	Branch	100 Mallard Creek Drive, Suite 200	Louisville	KY	40207
263 Columbia Audubon Regional Medical Center	180014	31702	Caretenders of Louisville	187078	31704	Branch	9820 Third Street Road	Louisville	KY	40272
264 Columbia Audubon Regional Medical Center	180014	31702	Caretenders of Louisville	187078	31704	Branch	322 E. Highway 44, P. O. Box 6737	Shepherdsville	KY	40165
265 Columbia Audubon Regional Medical Center	180014	31702	Caretenders of Louisville	187078	31704	Branch	100 Mallard Creek Drive, Suite 200	Louisville	KY	40207
266 Columbia Hospital Georgetown	180101	31738	Columbia Homecare Central Kentucky	187156	7180	Parent	1150 Lexington Road, Suite 4	Georgetown	KY	40324
267 Columbia Pine Lake Regional Hospital	180116	31717	Columbia Homecare Pine Lake	187134	31786	Parent	203 E. North Street	Mayfield	KY	42066
268 Columbia Pine Lake Regional Hospital	180116	31717	Columbia Homecare Pine Lake	187134	31786	Branch	3125 Lone Oak Road, Suite B	Paducah	KY	42003
269 Columbia Greenview Regional Hospital	180124	31767	Columbia Homecare Greenview Reg. Hospital	187072	31776	Parent	2425 Scottsville Road, Suite 118	Bowling Green	KY	42101
270 Columbia Greenview Regional Hospital	180124	31767	Columbia Homecare Greenview Reg. Hospital	187072	31776	Branch	120 E. Chin Street, P. O. Box 624	Morgantown	KY	42261
271 Columbia Greenview Regional Hospital	180124	31767	Columbia Homecare Greenview Reg. Hospital	187072	31776	Branch	412 S. Main Street, P. O. Box 864	Brownsville	KY	42210
272 Columbia Greenview Regional Hospital	180124	31767	Columbia Homecare Greenview Reg. Hospital	187072	31776	Branch	253 Hopkinsville Road, Suite E	Russellville	KY	42276

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273 Columbia Greenview Regional Hospital	180124	31767	Columbia Homecare Greenview Reg. Hospital	187072	31776	Branch	150 Interstate Plaza, P. O. Box 597	Mumfordsville	KY	42765
274 Columbia Greenview Regional Hospital	180124	31767	Columbia Homecare Greenview Reg. Hospital	187072	31776	Branch	202 E. Main Street, P. O. Box 305	Scottsville	KY	42164
275 Columbia Greenview Regional Hospital	180124	31767	Columbia Homecare Greenview Reg. Hospital	187072	31776	Branch	1725 Kenton Street, P. O. Box 441	Hopkinsville	KY	42240
276 Columbia Greenview Regional Hospital	180124	31767	Columbia Homecare Greenview Reg. Hospital	187072	31776	Branch	2816 Veach Road, Bldg. 4, Suites 405 & 406	Owensboro	KY	42303
277 Columbia Greenview Regional Hospital	180124	31767	Columbia Homecare Greenview Reg. Hospital	187072	31776	Branch	Northside Ctr., 1050 Thornberry Dr., Suite 4	Madisonville	KY	42431
278 Columbia Greenview Regional Hospital	180124	31767	Columbia Homecare Greenview Reg. Hospital	187072	31776	Branch	2425 Scottsville Road, Suite 120	Bowling Green	KY	42104
279 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Parent	114 Hardin Lane	Somerset	KY	42501
280 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	810 N. Main Street, P. O. Box 801	Burkesville	KY	42717
281 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	1216 N. Race Street, Suite C	Glasgow	KY	42141
282 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	Hardin Medical Plaza	Salersville	KY	41465
283 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	330 U.S. 31 West Bypass, Suite 401	Bowling Green	KY	42101
284 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	169 Joe T. Petty Drive, P. O. Box 573	Russell Springs	KY	42642
285 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	207 Stanford Street	Lancaster	KY	40444
286 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	North Mayo Trail-Mayo Plaza	Paintsville	KY	41240
287 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	200 Twin Lakes Med. Ctr., Suite E, Foothills Ave.	Albany	KY	42602
288 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	933 Russell Road, Suite 91	Columbia	KY	42728

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289 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	Route 1, Box 5A	Liberty	KY	42530
290 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	517 Columbia Highway	Greensburg	KY	42743
291 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	Tradway Shopping Center, P. O. Box 65	Monticello	KY	42633
292 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	35 Turpin Court, P. O. Box 1149	Somerset	KY	42501
293 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	1401 B. West Stockton	Edmonton	KY	42129
294 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	P. O. Box 1401	Prestonsburg	KY	41653
295 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	1020 North Dixie Hwy.	Elizabethtown	KY	42701
296 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	125 Kingswood Drive	Campbellsville	KY	42718
297 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	207 Stanford Street	Lancaster	KY	40444
298 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	207 Stanford Street	Lancaster	KY	40444
299 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	112 Bank Street, P. O. Box 536	Hardinsburg	KY	40143
300 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	P. O. Box 58	Whitley City	KY	42653
301 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	539 Main Street, Suite B, P. O. Box 395	West Liberty	KY	41472
302 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	1080 Middle Fork Road, P. O. Box 2194	Ireaz	KY	41224
303 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	1183 S. Dixie Street	Horse Cave	KY	42749
304 Columbia Lake Cumberland Regional Hospital	180132	31709	Lake Cumberland Home Health	187022	31712	Branch	500 Bypass Road, 510 River Ridge Plaza	Brandenburg	KY	40108

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305 Columbia Southwest Hospital	180133	31713	Caretenders of Elizabethtown	187085	31754	Parent	1107 Crowne Pointe Drive, Suite 11	Elizabethtown	KY	42701
306 Columbia Southwest Hospital	180133	31713	Caretenders of Elizabethtown	187085	31754	Branch	1002 Woodland Drive	Elizabethtown	KY	42701
307 Columbia Southwest Hospital	180133	31713	Caretenders of Elizabethtown-Bullitt Co.	187085	31754	Branch	11737 S. Preston Highway	Lebanon Junction	KY	40150
308 Columbia Southwest Hospital	180133	31713	Caretenders of Elizabethtown-Grayson Co.	187085	31754	Branch	105 N. Main Street	Leitchfield	KY	42754
309 Columbia Southwest Hospital	180133	31713	Caretenders of Elizabethtown-Lane Co.	187085	31754	Branch	928 Old Elizabethtown Rd., Suite 2	Hodgenville	KY	42748
310 Columbia Southwest Hospital	180133	31713	Caretenders of Elizabethtown-Marion Co.	187085	31754	Branch	259 W. Walnut Street	Lebanon	KY	40013
311 Columbia Southwest Hospital	180133	31713	Caretenders of Elizabethtown-McAle Co.	187085	31754	Branch	Hwy. 1051, Suite 6	Brandenburg	KY	40108
312 Columbia Southwest Hospital	180133	31713	Caretenders of Elizabethtown-Nelson Co.	187085	31754	Branch	208 W. John Fitch Avenue, Suite 208	Bardstown	KY	40004
313 Columbia Dauterive Hospital	190003	31854	Columbia Homecare Dauterive	197459	35801	Parent	117 Iberia Street	New Iberia	LA	70540
314 Columbia Dauterive Hospital	190003	31854	Columbia Homecare Dauterive	197459	35801	Branch	1111 Northwest Blvd.	Franklin	LA	70538
315 Savoy Medical Center	190025	7850	Savoy Home Health	197057	7852	Parent	700 Pointechar, Suite B	Mamou	LA	70554
316 Savoy Medical Center	190025	7850	Savoy Home Health	197057	7852	Branch	250 East Laurel	Eunice	LA	70535
317 Rapides Regional Medical Center	190026	31840	Rapides Home Health/Hospice Care	197044	31843	Parent	807 Jackson Street	Alexandria	LA	71301
318 Rapides Regional Medical Center	190026	31840	Rapides Home Health/Hospice Care	197044	31843	Branch	P.O. Drawer 175	Marksville	LA	71351
319 Rapides Regional Medical Center	190026	31840	Rapides Home Health/Hospice Care	197044	31843	Branch	127 Chevy Lane	Bunkie	LA	71322
320 Rapides Regional Medical Center	190026	31840	Rapides Home Health/Hospice Care	197044	31843	Branch	300 Second Street	Collax	LA	71417

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321 Rapides Regional Medical Center	190026	31840	Rapides Home Health/Hospice Care	197136	31843	Sub-Unit	P.O. Box 670	Urania	LA	71480
322 Rapides Regional Medical Center	190026	31840	Rapides Home Health/Hospice Care	197337	31843	Sub-Unit	1612 S. Fifth Street	Leesville	LA	71446
323 Rapides Regional Medical Center	190026	31840	Rapides Home Health/Hospice Care	197338	31843	Sub-Unit	800 Audubon Drive	Jonesville	LA	71343
324 Columbia Springhill Medical Center	190088	31806	Columbia Homecare Northwest	197226	31809	Parent	816 Benton Road	Bossier City	LA	71111
325 Columbia Springhill Medical Center	190088	31806	Columbia Homecare Northwest	197226	31809	Branch	P.O. Box 65	Plain Dealing	LA	71064
326 Columbia Springhill Medical Center	190088	31806	Columbia Homecare Northwest	197226	31809	Branch	1110 B Doctors Drive	Springhill	LA	71075
327 Columbia Springhill Medical Center	190088	31806	Columbia Homecare Northwest	197226	31809	Branch	1140 Polk Street	Mansfield	LA	71052
328 Columbia Springhill Medical Center	190088	31806	Columbia Homecare Northwest	197226	31809	Branch	870 Olive Street, Suite A	Shreveport	LA	71104
329 Columbia Springhill Medical Center	190088	31806	Columbia Homecare Northwest	197226	31809	Branch	625 East Carol, Suite D	Coushatta	LA	71019
330 Winn Parish Medical Center	190090	31802	Winn Parish Medical Center Home Health	197670	31812	Parent	118 - C West Main Street, P.O. Box 152	Winfield	LA	71483
331 Oakdale Community Hospital	190106	31803	Oakdale Community Hospital Home Health	197016	7089	Parent	107 North 13th Street	Oakdale	LA	71463
332 Columbia Highland Hospital	190112	31833	Columbia Homecare Highland	Commercial	6578	Parent	8730 Youree, Suite C	Shreveport	LA	71115
333 Tulane University Hospital and Clinic	190176	31810	Tulane Home Health	197143	35806	Parent	1440 Canal Street, Suite 1191	New Orleans	LA	70112
334 Columbia Lakeview Regional Medical Center	190177	31824	Columbia Homecare Lakeview	197087	31869	Parent	195 Highland Park Entrance	Covington	LA	70433
335 Columbia Doctors' Hospital of Opelousas	190191	31826	Columbia Homecare Acadiana	197263	35808	Parent	3819 I-49 Service Road South	Opelousas	LA	70570
336 Columbia Doctors' Hospital of Opelousas	190191	31826	Columbia Homecare Acadiana	197263	35808	Branch	417 Martin Luther King Dr.	Summersport	LA	71369

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HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHA PROV #	HHA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
337 Columbia Doctors' Hospital of Opelousas	190191	31826	Columbia Homecare Franklin	197270	35808	Parent	305 Prairie, P.O. Box 311	Winnsboro	LA	71295
338 Columbia North Monroe Hospital	190197	31834	Columbia Homecare North Monroe	197668	31838	Parent	513 Walnut Street	Monroe	LA	71201
339 Lakeland Medical Center	190200	31817	Columbia Lakeland Homecare	197046	31858	Parent	3200 Ridgeland Drive, Suite 300	Metairie	LA	70002
340 Columbia Medical Center of Southwest Louisiana	190205	31857	Columbia Homecare Lafayette	197665	6782	Parent	4212 W. Congress, Suite 1300	Lafayette	LA	70506
341 Columbia Riverview Medical Center	190207	31855	Columbia Homecare Baton Rouge	197437	6709	Branch	1759 Physician's Park Drive, Suite C	Baton Rouge	LA	70816
342 Columbia Riverview Medical Center	190207	31855	Columbia Homecare Gonzales	197437	6709	Parent	2647 S. Riverview Blvd., Suite 320	Gonzales	LA	70737
343 Columbia Lake Arca Medical Center	190201	31822	Columbia Homecare Southwest Louisiana	197684	6572	Parent	109 South Elms Street	Welsh	LA	70591
344 Columbia MetroWest Medical Center	220089	32101	Columbia Homecare MetroWest	2270508	32103	Parent	85 Lincoln Street	Frammingham	MA	01702
345 Columbia MetroWest Medical Center	220089	32101	Columbia Homecare MetroWest	2270508	32103	Branch	67 Union Street	Natick	MA	01760
346 Columbia Independence Regional Health Center	260095	32501	Columbia Independence Regional Hospice	261504	7994	Parent	5105 Blue Ridge Blvd., Suite 101	Raytown	MO	64133
347 Columbia Independence Regional Health Center	260095	32501	Columbia Independence Regional Home Health	267094	32502	Parent	5105 Blue Ridge Blvd., Suite 111	Raytown	MO	64133
348 Columbia Hospitals North and South	260197	32506	Community Home Health	267169	32519	Parent	2828 North National	Springfield	MO	65803
349 Columbia Hospitals North and South	260197	32506	Community Home Health	267169	32519	Branch	325 N. Main	Mt. Grove	MO	65711
350 Columbia Hospitals North and South	260197	32506	Community Home Health	267169	32519	Branch	624 East Mt. Vernon Blvd.	Mt. Vernon	MO	65712
351 Columbia Raleigh Community Hospital	340073	33311	Columbia Homecare North Carolina	347030	6972	Parent	1101 Weaver Dairy Road	Chapel Hill	NC	27514
352 Columbia Raleigh Community Hospital	340073	33311	Columbia Homecare North Carolina	347188	33317	Parent	3400 Wake Forest Rd.	Raleigh	NC	27609

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353 Columbia Davis Medical Center	40114	33301	Columbia Homecare North Carolina	347182	6597	Parent	1105 Skyway Drive	Monroe	NC	28110
354 Presbyterian Orthopaedic Hospital	310153	33326	IVH Homecare	347184	6871	Parent	1901 Randolph Road	Charlotte	NC	28207
355 Columbia Davis Medical Center	310144	33301	Columbia Advantage Homecare	347184	33327	Branch	4508 East Independence Blvd., Suite 203	Charlotte	NC	28205
356 Columbia Parkland Medical Center	300017	32905	Columbia Homecare Parkland Medical Center	307076	32911	Parent	44 Birch Street, Suite 104	Perry	NH	03038
357 Columbia Parkland Medical Center	300017	32905	Columbia Homecare Parkland Medical Center	307076	32911	Branch	90 Siles Road	Salem	NH	03079
358 Columbia Portsmouth Regional Hospital	300029	32902	Portsmouth Regional Home Health & Hospice	307006A	6727	Parent	127 Parrot Avenue	Portsmouth	NH	03801
359 Columbia Medical Center of Carlsbad	320063	33101	Columbia Homecare Carlsbad	327043	33105	Parent	800 W. Pierce	Carlsbad	NM	88220
360 Columbia Lea Regional Medical Center	320065	33102	Columbia Homecare Hobbs	327150	33109	Parent	North 5419 Lovington Highway, Suite 17	Hobbs	NM	88240
361 Columbia Medical Center of Pampa	450099	38128	Columbia Homecare Clovis	458005	6612	Branch	2905 N. Prince, Suite G	Clovis	NM	88101
362 Columbia Medical Center - West	450107	39307	El Paso Nurses Unlimited of Las Cruces	327151	6786	Parent	1165 South Telsor, Suite 306	Las Cruces	NM	88011
363 Columbia Medical Center - West	450107	39307	Nurses Unlimited of Santa Teresa	327151	6786	Branch	1212 Country Club, Suite C-4	Santa Teresa	NM	88008
364 Columbia Sunrise Hospital and Medical Center	290003	32801	Columbia Homecare Sunrise	297061	32823	Parent	3201 South Maryland Parkway, Suite 615	Las Vegas	NV	89109
365 Columbia Sunrise Hospital and Medical Center	290003	32801	Columbia Homecare	297071	32821	Parent	3196 South Maryland Parkway, Suite 311	Las Vegas	NV	89109
366 Mercy Medical Center	360070	33503	Columbia Homecare Mercy Medical Center	367256	33518	Parent	1320 Mercy Drive NW	Canton	OH	44708
367 Columbia Tulsa Regional Medical Center	370078	33652	Columbia Homecare Oklahoma	377210	33653	Parent	1418 E. 71st Street, Suite A	Tulsa	OK	74136
368 Columbia Tulsa Regional Medical Center	370078	33652	Columbia Homecare Oklahoma	377210	33653	Branch	201 Evans Road	Manford	OK	74044

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369 Columbia Tulsa Regional Medical Center	370078	33652	Columbia Homecare Oklahoma	377210	33653	Branch	116 W. Commercial Street	Broken Arrow	OK	74012
370 Columbia Tulsa Regional Medical Center	370078	33652	Columbia Homecare Oklahoma	377210	33653	Branch	19 South Main	Owasso	OK	74055
371 Columbia Tulsa Regional Medical Center	370078	33652	Columbia Homecare Oklahoma	377210	33653	Branch	405 S. Main	Sapulpa	OK	74066
372 Columbia Tulsa Regional Medical Center	370078	33652	Columbia Homecare Oklahoma	377210	33653	Branch	201 E. Broadway	Sand Springs	OK	74063
373 Columbia Tulsa Regional Medical Center	370078	33652	Columbia Homecare Oklahoma	377210	33653	Branch	P. O. Box 707	Hominy	OK	74035
374 Columbia Southwestern Medical Center	370097	33604	Columbia Homecare Oklahoma Southwestern	377053	33649	Parent	1910 N.W. Ferris, Suite 9	Lawton	OK	73506
375 Columbia Southwestern Medical Center	370097	33604	Columbia Homecare Oklahoma Southwestern	377053	33649	Branch	501 S. Main	Hobart	OK	73651
376 Columbia Southwestern Medical Center	370097	33604	Columbia Homecare Oklahoma Southwestern	377053	33649	Branch	700 1/2 North Commerce	Ardmore	OK	73401
377 Columbia Southwestern Medical Center	370097	33604	Columbia Homecare Oklahoma Southwestern	377053	33649	Branch	402 1/2 North Broadway	Walters	OK	73572
378 Columbia Edmond Medical Center	370148	33603	Columbia Homecare Oklahoma - West	377032	33640	Parent	7508 N. Broadway East, Suite 110	Oklahoma City	OK	73116
379 Columbia Edmond Medical Center	370148	33603	Columbia Homecare Oklahoma - West	377032	33640	Branch	601 W. 3rd, P. O. Box 762	Elk City	OK	73648
380 Columbia Edmond Medical Center	370148	33603	Columbia Homecare Oklahoma - West	377032	33640	Branch	1500 N. Airport Rd., P. O. Box 2135	Weatherford	OK	73096
381 Columbia Edmond Medical Center	370148	33603	Columbia Homecare Oklahoma - West	377032	33640	Admin	221 W. Main, P. O. Box 374	Hydro	OK	73048
382 Columbia Bethany Hospital	370159	33602	Columbia Homecare Oklahoma	377086	33646	Parent	7704 NW 23rd Street	Bethany	OK	73008
383 Columbia Wagoner Hospital	370166	33605	Columbia Homecare Oklahoma	377180	33648	Parent	306 S. Hayes	Wagoner	OK	74467
384 Columbia Wagoner Hospital	370166	33605	Columbia Homecare Oklahoma	377180	33648	Branch	204 West Blue Starr Drive	Claremore	OK	74017

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385 Columbia Wagoner Hospital	170166	33605	Columbia Homecare Oklahoma	37180	33648	Branch	430 South Wilson	Vinita	OK	74301
386 Columbia Wagoner Hospital	170166	33605	Columbia Homecare Oklahoma	37180	33648	Branch	413 Main Street	Heavener	OK	74937
387 Columbia Medical Center of Sherman	450193	38135	Columbia Homecare Tennessee	457570	6649	Branch	502 East First Street	Heavener	OK	74937
388 Divisional Agency	Freestanding	N/A	Columbia Hospice Oklahoma	371520	6789	Branch	5807 S. Garnett, Suite E	Tulsa	OK	74146
389 Divisional Agency	Freestanding	N/A	Columbia Hospice Oklahoma	371520	6789	Branch	800 S. 4th Street, Rt. 4, Box 14	Weatherford	OK	73096
390 Divisional Agency	Freestanding	N/A	Columbia Hospice Oklahoma	371520	6789	Branch	717 W. 3rd	Elk City	OK	73644
391 Divisional Agency	Freestanding	N/A	Columbia Homecare Oklahoma	Commercial	6789	Parent	2622 Villa Prom	Oklahoma City	OK	73107
392 Columbia West Valley Medical Center	130014	31201	Columbia Homecare Ontario	137006	31204	Branch	49 N.W. 1st Street	Ontario	OR	97914
393 Columbia West Valley Medical Center	130014	31201	Columbia Homecare Lakeview	387005	31204	Sub-Unit	100 TD* Street, Suite 4	Lakeview	OR	97914
394 Columbia Douglas Medical Center	380064	33702	Columbia Homecare Douglas	387052	33706	Parent	738 West Harvard Blvd	Roseburg	OR	97470
395 Columbia Willamette Valley Medical Center	380071	33703	Columbia Homecare Willamette Valley	387136	33707	Parent	419 E. 6th Street	McMinnville	OR	97128
396 Trident Medical Center	420079	34001	Columbia Homecare Doctor's	427009	7088	Parent	2440 Mall Drive, Suite 110	N. Charleston	SC	29406
397 Trident Medical Center	420079	34001	Columbia Homecare Doctor's	427009	7088	Branch	109 Liers Street	Walterboro	SC	29488
398 Trident Medical Center	420079	34001	Columbia Homecare Doctor's	427009	7088	Branch	680 Front Street	Georgetown	SC	29140
399 Trident Medical Center	420079	34001	Columbia Homecare Coastal Carolina	427054	34009	Parent	29 Lenthach Drive, Bldg. B, Unit 3	Charleston	SC	29407
400 Columbia Synamore Shoals Hospital	440018	36204	Columbia Homecare Tennessee	447118	36241	Parent	403 East Market Street	Johnson City	TN	37601

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HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHIA PROV #	HHIA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
401 Columbia Southern Shoals Hospital	440018	36284	Columbia Homecare Tennessee	447118	36241	Branch	2528 Wesley Street	Johnson City	TN	37601
402 Columbia Horizon Medical Center	440046	36243	Columbia Homecare Ashland	447147	36245	Branch	108 South Main Street, Suite 7	Ashland City	TN	37015
403 Columbia Horizon Medical Center	440046	36243	Columbia Homecare Dickson	447147	36245	Parent	117 Hwy. 70 East	Dickson	TN	37055
404 Columbia Southern Tennessee Medical Center	440058	36227	Columbia Homecare Tennessee	447238	36212	Parent	118 North Jefferson Street	Winchester	TN	37398
405 Columbia Southern Tennessee Medical Center	440058	36227	Columbia Homecare Tennessee	447238	36212	Branch	105 N. McCreary St.	Woodbury	TN	37190
406 Columbia Southern Tennessee Medical Center	440058	36227	Columbia Homecare Tennessee	447238	36212	Branch	408 West Main Street	Monteagle	TN	37356
407 Columbia Southern Tennessee Medical Center	440058	36227	Columbia Homecare Tennessee	447238	36212	Admin	1024 Donah Shore Blvd.	Winchester	TN	37398
408 Columbia Volunteer General Hospital	440061	34231	Columbia Homecare Northwest Tennessee	447478	34278	Parent	215 Hawks Road, Bldg. 1, P.O. Box 106	Marlin	TN	38217
409 Columbia Volunteer General Hospital	440061	34231	Columbia Homecare Northwest Tennessee	447478	34278	Branch	426 South Lake	Paris	TN	38242
410 Columbia Volunteer General Hospital	440061	34231	Columbia Homecare Northwest Tennessee	447478	34278	Branch	109 Mary Jane Street	Troy	TN	38260
411 Columbia Trinity Hospital	440149	36206	Columbia Homecare Trinity	447536	36220	Parent	608 Metcalf Drive	Erin	TN	37061
412 Columbia Summit Medical Center	440150	34223	Columbia Homecare Clarksville	447223	34277	Branch	1947 - B Madison Street	Clarksville	TN	37043
413 Columbia Summit Medical Center	440150	34223	Columbia Homecare Hermitage	447223	34277	Branch	5651 Frist Blvd., Suite 731	Hermitage	TN	37076
414 Columbia Summit Medical Center	440150	34223	Columbia Homecare Lebanon	447223	34277	Branch	510-D West Main Street	Lebanon	TN	37087
415 Columbia Summit Medical Center	440150	34223	Columbia Homecare Summit	447223	34277	Parent	565 Marriott Drive, Suite 140	Nashville	TN	37214
416 Columbia Parkridge Medical Center	440156	34221	Columbia Homecare Tennessee	447156	34214	Parent	6080 Shallowford, Suite 109	Chattanooga	TN	37412

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HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHA PROV #	HHA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
417 Columbia Parkridge Medical Center	440156	34224	Columbia Homecare Tennessee	447156	34214	Branch	P.O. Box 216, Hwy 56 & 108	Altamont	TN	37301
418 Columbia Parkridge Medical Center	440156	34224	Columbia Homecare Tennessee	447156	34214	Branch	520 Copper Country Plaza 64E, P.O. Box 10	Ducktown	TN	37126
419 Columbia Parkridge Medical Center	440156	34224	Columbia Homecare Tennessee	447156	34214	Branch	10 Rankin Avenue North, P.O. Box 1028	Dunlap	TN	37327
420 Columbia Parkridge Medical Center	440156	34224	Columbia Homecare Tennessee	447156	34214	Branch	159 Onant Drive	McMinnville	TN	37110
421 Columbia Parkridge Medical Center	440156	34224	Columbia Homecare Tennessee	447156	34214	Branch	7971 Rhea County Highway	Dayton	TN	37321
422 Columbia Parkridge Medical Center	440156	34224	Columbia Homecare Tennessee	447156	34214	Branch	1860 Executive Park North, Suite E	Cleveland	TN	37311
423 Columbia Parkridge Medical Center	440156	34224	Columbia Homecare Tennessee	447156	34214	Branch	P.O. Box 190, Pikeville Clinic Basement	Pikeville	TN	37367
424 Columbia Parkridge Medical Center	440156	34224	Columbia Homecare Tennessee	447156	34214	Branch	1019 Elm Avenue	South Pittsburg	TN	37380
425 Columbia Parkridge Medical Center	440156	34224	Columbia Homecare Tennessee	447156	34214	Branch	401 Front Street	Spring City	TN	
426 Columbia Parkridge Medical Center	440156	34224	Columbia Homecare Tennessee	447156	34214	Admin	2115 Chapman Road, Suite 105	Chattanooga	TN	37421
427 Columbia Parkridge Medical Center	440156	34224	Central Home Health Care of Chattanooga	447521	34214	Parent	6080 Shallowford Road, Suite 108	Chattanooga	TN	37421
428 Columbia Parkridge Medical Center	440156	34224	Central Home Health Care of Chattanooga	447521	34214	Branch	744 Toll Street, P.O. Box 1309	Athens	TN	37303
429 Columbia Parkridge Medical Center	440156	34224	Columbia Homecare	Commercial	34284	Parent	2115 Chapman Road, Suite 115A	Chattanooga	TN	37421
430 Columbia Indian Path Medical Center	440176	34255	Columbia Homecare Indian Path	447422	34276	Parent	701 North State of Franklin Road, Suite 2	Johnson City	TN	37604
431 Columbia Indian Path Medical Center	440176	34255	Columbia Homecare Indian Path	447422	34276	Branch	1241 Volunteer Parkway, 400 Executive Park	Bristol	TN	37620
432 Columbia Indian Path Medical Center	440176	34255	Columbia Homecare Indian Path	447422	34276	Branch	1000 Preston Place North, Suite 102	Kingsport	TN	37660

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HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	IIHA PROV #	IIHA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
433 Columbia Indian Path Medical Center	440176	34255	Columbia Homecare Indian Path	447422	34276	Branch	4329 Highway 66	Rogersville	TN	37857
434 Columbia Indian Path Medical Center	440176	34255	Columbia Homecare Indian Path	447422	34276	Branch	1413 North Main Street, P.O. Box 237	Erwin	TN	37650
435 Columbia Indian Path Medical Center	440176	34255	Columbia Homecare Indian Path	447422	34276	Branch	1010 West Summer Street	Greeneville	TN	37741
436 Columbia Indian Path Medical Center	440176	34255	Columbia Homecare Indian Path	447422	34276	Admin	2300 Pavilion Drive	Kingsport	TN	37660
437 Columbia East Ridge Hospital	440178	34206	Columbia Homecare Tennessee	447516	34212	Parent	941 Spring Creek Road	Chattanooga	TN	37412
438 Columbia Livingston Regional Hospital	440187	34298	Columbia Homecare Livingston	447260	36240	Parent	1084 Bradford Hicks Drive, P.O. Box 276	Livingston	TN	38570
439 Columbia Regional Hospital Jackson	440189	34229	Columbia Homecare Jackson	447315	7069	Parent	367 Hospital Blvd.	Jackson	TN	38302-2661
440 Columbia Hendersonville Hospital	440194	34296	Columbia Homecare Carthage	447206	36219	Branch	132 Gordonsville Hwy.	Carthage	TN	37030
441 Columbia Hendersonville Hospital	440194	34296	Columbia Homecare Hendersonville	447206	36219	Parent	130 Imperial Blvd.	Hendersonville	TN	37075
442 Columbia Hendersonville Hospital	440194	34296	Columbia Homecare Nashville	447206	36219	Branch	1900 Patterson, Suite 201	Nashville	TN	37203
443 Columbia Hendersonville Hospital	440194	34296	Columbia Homecare Portland	447206	36219	Branch	121 Village Drive, Suite 201	Portland	TN	37148
444 Columbia Hendersonville Hospital	440194	34296	Columbia Homecare White House	447206	36219	Branch	2823 Highway 31W South	White House	TN	37188
445 Columbia Southern Hills Medical Center	440197	34242	Columbia Homecare Southern Hills	447121	34268	Parent	230 Cumberland Bend, Suite D	Nashville	TN	37207
446 Columbia Livingston Regional Hospital	440187	34298	Columbia Homecare Crossville	447260	36240	Branch	208 Lantana Road	Crossville	TN	38555
447 Columbia Livingston Regional Hospital	440187	34298	Columbia Homecare Cookeville	447260	36240	Branch	778 N. South Jefferson	Cookeville	TN	38501
448 Columbia Medical Center of Tampa	450099	38328	Columbia Homecare Amarillo	458005	39241	Branch	4106 West 51st	Amarillo	TX	79109

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HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHH PROV #	HHH COID #	STATUS	ADDRESS	CITY	STATE	ZIP
449 Columbia Medical Center of Pampa	450099	38328	Columbia Homecare Borger	458005	39241	Branch	401 West 10th Street	Borger	TX	79007
450 Columbia Medical Center of Pampa	450099	38328	Columbia Homecare Childress	458005	39241	Branch	504 Second Street NE	Childress	TX	79201
451 Columbia Medical Center of Pampa	450099	38328	Columbia Homecare Clarendon	458005	39241	Branch	219 West 2nd Street, P.O. Drawer 1380	Clarendon	TX	79226
452 Columbia Medical Center of Pampa	450099	38328	Columbia Homecare Dalhart	458005	39241	Branch	1616 Tennessee	Dalhart	TX	79022
453 Columbia Medical Center of Pampa	450099	38328	Columbia Homecare Dumas	458005	39241	Branch	801 S. Bliss, Suite 107	Dumas	TX	79029
454 Columbia Medical Center of Pampa	450099	38328	Columbia Homecare Lubbock	458005	39241	Branch	6307 Indiana Avenue	Lubbock	TX	79413
455 Columbia Medical Center of Pampa	450099	38328	Columbia Homecare Pampa	458005	39241	Parent	912 W. Kentucky Avenue	Pampa	TX	79065
456 Columbia Medical Center of Pampa	450099	38328	Columbia Homecare Pampa	458005	39241	Admin	100 W. 30th, Suite 107	Pampa	TX	79065
457 Columbia Doctors Regional Medical Center	450118	34331	Columbia Homecare Corpus Christi	677740	39369	Parent	3643 South Staples	Corpus Christi	TX	78411
458 Columbia East Houston Medical Center	450126	37355	Columbia Homecare Bayshore	677647	37384	Branch	1001 E. Southmore, Suite 414	Pasadena	TX	77502
459 Columbia East Houston Medical Center	450126	37355	Columbia Homecare Baytown	677647	37384	Branch	1515 Alexander, Suite 311	Baytown	TX	77520
460 Columbia East Houston Medical Center	450126	37355	Columbia Homecare East Houston Med. Ctr.	677647	37384	Parent	15201 East Freeway, Suite 260	Channahon	TX	77530
461 Columbia East Houston Medical Center	450126	37355	Columbia Homecare Humble	677647	37384	Branch	9816 Memorial Drive, Suite 207	Humble	TX	77338
462 Columbia Northwest Hospital	450131	37379	Columbia Homecare Bee Area	457642	39217	Branch	1145 East Sinton Street	Sinton	TX	78187
463 Columbia Northwest Hospital	450131	37379	Columbia Homecare Bee Area	457642	39217	Branch	126 North Courthouse	Goliad	TX	77963
464 Columbia Northwest Hospital	450131	37379	Columbia Homecare Bee Area	457642	39217	Branch	300 Houston	George West	TX	78022

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HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHIA PROV #	HHIA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
465 Columbia Northwest Hospital	450131	37379	Columbia Homes are Bee Area	457612	39217	Branch	312 Sunset Strip	Kenedy	TX	78119
466 Columbia Northwest Hospital	450131	37379	Columbia Homes are Bee Area	457612	39217	Branch	P. O. Box 1777	Beeville	TX	78104
467 Columbia Northwest Hospital	450131	37379	Columbia Homes are North Bay	457642	39217	Branch	2309 Hwy. 35 North	Rockport	TX	78382
468 Columbia Northwest Hospital	450131	37379	Columbia Homes are Northwest	457642	39217	Parent	4318 FM 1889	Robstown	TX	78380
469 Columbia Northwest Hospital	450131	37379	Columbia Homes are Northwest	457642	39217	Branch	1212 North 14th Street	Kingsville	TX	78363
470 Columbia DeTar Hospital	450147	38323	Columbia Homes are DeTar	677468	39237	Parent	4204 North Laurent	Victoria	TX	77902
471 Columbia DeTar Hospital	450147	38323	Columbia Homes are DeTar	677468	39237	Branch	105 South Esplanade	Cuero	TX	77954
472 Columbia DeTar Hospital	450147	38323	Columbia Homes are DeTar	677468	39237	Branch	113 W. Main Street	Kenedy	TX	78119
473 Columbia DeTar Hospital	450147	38323	Columbia Homes are DeTar	677468	39237	Branch	210 N. Texana	Hallettsville	TX	77964
474 Columbia DeTar Hospital	450147	38323	Columbia Homes are DeTar	677468	39237	Branch	310 W. Pearl	Goliad	TX	77963
475 Columbia DeTar Hospital	450147	38323	Columbia Homes are DeTar	677468	39237	Branch	717 South Alamo	Refugio	TX	78377
476 Columbia Gulf Coast Medical Center	450214	38343	Columbia Hospice Gulf Coast	451586	38395	Parent	1102 N. Mechanic Street, Suite B	El Campo	TX	77437
477 Columbia Gulf Coast Medical Center	450214	38343	Columbia Homes are Gulf Coast	677008	38395	Parent	2918 N. Richmond	Wharton	TX	77488
478 Columbia Gulf Coast Medical Center	450214	38343	Columbia Homes are Gulf Coast	677008	38395	Branch	1102 N. Mechanic Street	El Campo	TX	77437
479 Columbia Gulf Coast Medical Center	450214	38343	Columbia Homes are Gulf Coast	677008	38395	Branch	2408 Avenue F	Bay City	TX	77414
480 Columbia Gulf Coast Medical Center	450214	38343	Columbia Homes are Gulf Coast	677008	38395	Branch	1106 Morton Street, Morton Square, Suite A	Richmond	TX	77469

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HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	IIHA PROV #	IIHA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
481 Columbia Medical Center Brazos Valley	450299	34306	Columbia Homecare Brazos Valley	458117	38316	Parent	2411 Texas Avenue	College Station	TX	77840
482 Columbia Medical Center Brazos Valley	450299	34306	Columbia Homecare Brazos Valley	458117	38316	Branch	400 E. Washington, Suite 201	Navasota	TX	77864
483 Columbia Medical Center of San Angelo	450110	38306	Columbia Homecare West Texas	678098	39230	Parent	2117 Knickerbocker Road, Suite A	San Angelo	TX	76904
484 Columbia Alice Physicians & Surgeons Hospital	450353	38313	Columbia Homecare Alice	677582	39218	Parent	1000 Harkins Avenue	Alice	TX	78332
485 Columbia Alice Physicians & Surgeons Hospital	450353	38313	Columbia Homecare Freer	677582	39218	Branch	1101 E. Riley, P.O. Box 1786	Freer	TX	78357
486 Columbia Alice Physicians & Surgeons Hospital	450353	38313	Columbia Homecare Hebbronville	677582	39218	Branch	402 N. Smith	Hebbronville	TX	78361
487 Columbia Alice Physicians & Surgeons Hospital	450353	38313	Columbia Homecare Premont	677582	39218	Branch	145 N. W. First Street	Premont	TX	78375
488 Columbia Medical Center of Sherman	450193	38335	Columbia Homecare Texoma	457520	39205	Parent	1111 Gallagher Road	Sherman	TX	75090
489 Columbia Medical Center of McKinney (NTMC)	450403	38333	Columbia Homecare Farmersville	457627	39225	Branch	102 McKinney Street	Farmersville	TX	75442
490 Columbia Medical Center of McKinney (NTMC)	450403	38333	Columbia Homecare McKinney	457627	39225	Parent	130 South Central Expressway	McKinney	TX	75070
491 Columbia Medical Center of McKinney (NTMC)	450403	38333	Columbia Homecare Plano	457627	39225	Branch	3900 W. 15th Street, Suite 402	Plano	TX	75075
492 Columbia Woodland Heights Medical Center	450484	37663	Columbia Homecare Woodland Heights	677618	39204	Parent	232 N. John Redditt Drive	Lufkin	TX	75904
493 Columbia Silsbee Doctors Hospital	450570	39321	Columbia Homecare Silsbee	677167	39356	Parent	1104 N. Fifth Street, Suite 100	Silsbee	TX	77656
494 Columbia Silsbee Doctors Hospital	450570	39321	Columbia Homecare Jasper	677167	39358	Branch	162 E. Lamar, Suite 101	Jasper	TX	75951
495 Columbia Brownwood Regional Medical Center	450587	38320	Columbia Homecare Brownwood	677476	39202	Parent	125 South Park Drive, Suite A	Brownwood	TX	76801
496 Columbia Brownwood Regional Medical Center	450587	38320	Columbia Homecare Brownwood	677476	39202	Branch	902 N. Main Street	Cross Plains	TX	76143

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HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHA PROV #	HHA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
497 Columbia Brownwood Regional Medical Center	450687	38320	Columbia Homecare Brownwood	677476	39202	Branch	106 17th Street	Brady	TX	76825
498 Columbia Brownwood Regional Medical Center	450687	38320	Columbia Homecare Brownwood	677476	39202	Branch	100 East Central	Comanche	TX	76442
499 Columbia Clear Lake Regional Medical Center	450617	34336	Columbia Homecare Alvin	458009	39378	Branch	301 Medic Lane	Alvin	TX	77511
500 Columbia Clear Lake Regional Medical Center	450617	34336	Columbia Homecare Clear Lake	458009	39378	Parent	450 Medical Center Blvd, Suite 410	Webster	TX	77598
501 Columbia Clear Lake Regional Medical Center	450617	34336	Columbia Homecare Mainland	458009	39378	Branch	6801 Fannett E. Lowry Expressway	Texas City	TX	77591
502 Metropolitan Methodist Hospital	450633	34392	Methodist Home Care	457703	39240	Parent	5282 Medical Drive, Suite 416	San Antonio	TX	78229
503 Metropolitan Methodist Hospital	450633	34392	Methodist Home Care	457703	39240	Branch	222 Sidney Baker South, Suite 410	Kerrville	TX	78028
504 Metropolitan Methodist Hospital	450633	34392	Methodist Home Care	457703	39240	Branch	12402 Toepperwein, Suite 210	San Antonio	TX	78233
505 Metropolitan Methodist Hospital	450633	34392	Methodist Home Care	457703	39240	Branch	1222 North Main, Suite 200	San Antonio	TX	78212
506 Metropolitan Methodist Hospital	450633	34392	Methodist Home Care	457703	39240	Branch	5282 Medical Drive, Suite 416	San Antonio	TX	78229
507 Columbia Medical Center of Denton	450634	38329	Columbia Homecare Decatur	677401	39220	Branch	116 S. State Street	Decatur	TX	76234
508 Columbia Medical Center of Denton	450634	38329	Columbia Homecare Denton	677401	39220	Parent	1310 Scripture	Denton	TX	76201
509 Columbia Medical Center of Denton	450634	38329	Columbia Homecare Gainesville	677401	39220	Branch	115 N. Commerce	Gainesville	TX	76240
510 Columbia Medical Center of Denton	450634	38329	Columbia Homecare Lewisville	677401	39220	Branch	475 W. Elm, Suite 105	Lewisville	TX	75057
511 Columbia Doctors Hospital of Laredo	450643	38324	Columbia Homecare Doctors Hospital of Laredo	677536	6580	Parent	1303 Calle Del Norte, Suite 700	Laredo	TX	78041
512 Columbia West Houston Medical Center	450644	34327	Columbia Homecare Conroe	457190	39245	Branch	500 Medical Center Blvd., #120	Conroe	TX	77384

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HOSPITAL	HOSP PROV #	HOSP CDD #	AGENCY	HHIA PROV #	HHIA CDD #	STATUS	ADDRESS	CITY	STATE	ZIP
513 Columbia West Houston Medical Center	450614	34327	Columbia Homecare North Houston	457190	39245	Branch	7407 North Freeway	Houston	TX	77076
514 Columbia West Houston Medical Center	450614	34327	Columbia Homecare West Houston	457190	39245	Parent	12121 Richmond, Suite 413	Houston	TX	77082
515 Columbia Medical Center - East	450646	39309	El Paso Nurses Unlimited	457591	39354	Parent	100 Executive Center Blvd.	El Paso	TX	79902
516 Columbia Medical Center - East	450646	39309	Nurses Unlimited of Van Horn	457591	39354	Branch	701-A Broadway	Van Horn	TX	79855
517 Columbia Hospital at Medical City Dallas	450647	34325	Columbia Homecare Corsicana	677419	38301	Branch	118 Mall Drive	Corsicana	TX	75110
518 Columbia Hospital at Medical City Dallas	450647	34325	Columbia Homecare Dallas	677419	38301	Parent	833 E. Arapaho, Suite 103	Richardson	TX	75081
519 Columbia Hospital at Medical City Dallas	450647	34325	Columbia Homecare Duncanville	677419	38301	Branch	606 Oriole Blvd., Suite 300	Duncanville	TX	75116
520 Columbia Hospital at Medical City Dallas	450647	34325	Columbia Homecare Mabank/Cum Barrell City	677419	38301	Branch	1030 West Main Street	Cum Barrell City	TX	75147
521 Columbia Hospital at Medical City Dallas	450647	34325	Columbia Homecare Terrell	677419	38301	Branch	102 E. Moore Street, Suite 305	Terrell	TX	75160
522 Columbia Valley Regional Medical Center	450662	37358	Columbia Homecare Rio Grande Regional	458454	39228	Branch	2208 Primrose Blvd., Bldg. D	McAllen	TX	78504
523 Columbia Valley Regional Medical Center	450662	37358	Columbia Homecare Valley Regional	458454	39228	Parent	One Ted Hunt Blvd.	Brownsville	TX	78523
524 Columbia Beaumont Medical Center	450666	34314	Columbia Homecare Beaumont	458490	39342	Parent	810 Hospital Drive, Suite 115	Beaumont	TX	77701
525 Columbia Plaza Medical Center of Fort Worth	450672	34318	Columbia Homecare Ft. Worth	677462	39219	Parent	2501 Parkview Drive, Suite 560	Fort Worth	TX	76102
526 Columbia Plaza Medical Center of Fort Worth	450672	34318	Columbia Homecare Granbury	677462	39219	Branch	1327 N. Plaza Drive	Granbury	TX	76048
527 Columbia Plaza Medical Center of Fort Worth	450672	34318	Columbia Homecare Stephenville	677462	39219	Branch	193 South Graham	Stephenville	TX	76401
528 Columbia Plaza Medical Center of Fort Worth	450672	34318	Columbia Homecare Waco	677462	39219	Branch	1105 Wooded Acres, Suite 3	Waco	TX	76710

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HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHA PROV #	HHA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
529 Columbia Plaza Medical Center of Fort Worth	450672	34318	Columbia Homecare Weatherford	677462	39219	Branch	1424 Clear Lake Road	Weatherford	TX	76086
530 Columbia Women's Hospital of Texas	450674	34319	Columbia Homecare Houston	677671	39257	Parent	7400 Fannin, Suite 1295	Houston	TX	77054
531 Columbia Women's Hospital of Texas	450674	34319	Columbia Homecare Katy	677673	39257	Branch	20501 Katy Freeway, Suite 228	Katy	TX	77450
532 Columbia Women's Hospital of Texas	450674	34319	Columbia Homecare Spring Branch	677673	39257	Branch	8300 Waterbury, Suite 330	Houston	TX	77055
533 Columbia Medical Center of Arlington	450675	34309	Columbia Homecare Mid Cities	677473	39224	Parent	3100 Matlock Road, Suite 103	Arlington	TX	76015
534 Columbia Medical Center of Arlington	450675	34309	Columbia Homecare Mid Cities	677473	39224	Branch	6162 E. Mockingbird Lane, Suite 207	Dallas	TX	75214
535 Columbia Medical Center of Arlington	450675	34309	Columbia Homecare Mid Cities	677473	39224	Branch	1500-A Norwood, Suite 100	Hurst	TX	76054
536 Columbia Longview Regional Medical Center	450702	38317	Columbia Homecare Longview Reg. Med. Ctr.	457664	38376	Parent	101-A Simpson	Gilmer	TX	75644
537 Columbia Longview Regional Medical Center	450702	38317	Columbia Homecare Longview Reg. Med. Ctr.	457664	38376	Branch	1009 N. 4th Street, Suite 106	Longview	TX	75601
538 Columbia Medical Arts Hospital of Texarkana	450703	38334	Columbia Homecare Northeast Texas	457723	39213	Parent	4939 North Elizabeth Street	Texarkana	TX	75503
539 Columbia Medical Arts Hospital of Texarkana	450703	38334	Columbia Homecare Northeast Texas	457723	39213	Branch	1104 Broadway St.	Daingerfield	TX	75638
540 Columbia Medical Arts Hospital of Texarkana	450703	38334	Columbia Homecare Northeast Texas	457723	39213	Branch	109 S. W. Front Street	DeKalb	TX	75559
541 Columbia Medical Arts Hospital of Texarkana	450703	38334	Columbia Homecare Northeast Texas	457723	39213	Branch	301 Pinecrest Drive	Atlanta	TX	75551
542 Columbia Medical Arts Hospital of Texarkana	450703	38334	Columbia Homecare Northeast Texas	457723	39213	Branch	614 S. Washington Street	Marshall	TX	75670
543 Columbia St. David's South Hospital	450713	34320	Columbia Homecare Lifeway	457697	39244	Parent	2028 E. Ben White Blvd., Suite 310	Austin	TX	78741
544 Columbia St. David's South Hospital	450713	34320	Columbia Homecare Lifeway	457697	39244	Branch	8303 Mopac Expressway, Suite A-202	Austin	TX	78759

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HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHA PROV #	HHA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
545 Columbia St. David's South Hospital	450713	34320	Columbia Homes are Lifeway	457697	39244	Branch	101 Hwy. 281, Suite 310	Marble Falls	TX	78651
546 Columbia St. David's South Hospital	450713	34320	Columbia Homes are Lifeway	457697	39244	Branch	100 W. Washington	Giddings	TX	78942
547 Columbia St. David's South Hospital	450713	34320	Columbia Homes are Lifeway	457697	39244	Branch	220 N. Washington	LaGrange	TX	78945
548 Columbia St. David's South Hospital	450713	34320	Columbia Homes are Lifeway	457697	39244	Branch	Highway 71 East, Route 4, Box 197	Hastrop	TX	78602
549 Columbia St. David's South Hospital	450713	34320	Columbia Homes are Lifeway	457697	39244	Branch	1205 Hwy. 123, Suite 102	San Marcos	TX	78666
550 Columbia St. David's South Hospital	450713	34320	Columbia Homes are Lifeway	457697	39244	Branch	215 Bufkin Lane	Lockhart	TX	78644
551 Columbia St. David's South Hospital	450713	34320	Columbia Homes are Lifeway	457697	39244	Branch	900 Round Rock Ave., Suite 307	Round Rock	TX	78681
552 Columbia St. David's South Hospital	450713	34320	Columbia Homes are Lifeway	457697	39244	Admin	2028 E. Ben White Blvd., Suite 300	Austin	TX	78741
553 Columbia Bay Area Medical Center	450788	39333	Columbia Hospice of the Bay	451652	39251	Parent	7101 S.P.L.D., Bldg. 100B	Corpus Christi	TX	78412
554 Columbia Medical Center of Sherman	450393	38335	Columbia Homes are Whitesboro	457570	39205	Branch	2535 Highway 82 E, Suite A-2	Whitesboro	TX	76273
555 Columbia Medical Center of McKinney (NTAK)	450403	38333	Columbia Homes are Farmersville	467267	39225	Branch	102 McKinney Street	Farmersville	TX	75442
556 Columbia Mainland Medical Center	450530	37333	Columbia Homes are Mainland	677785	38385	Parent	6801 Emmett F. Lowry Expressway	Texas City	TX	77591
557 Metropolitan Methodist Hospital	450633	34192	Methodist Home Care	Commercial	39239	Parent	5282 Medical Drive, Suite 190	San Antonio	TX	78229
558 Columbia St. David South Hospital (South Austin MC)	450713	34120	Columbia Homes are Lifeway	457795	39244	Parent	2028 E. Ben White Blvd.	Austin	TX	78731
559 Columbia Homecare Group	Freestanding	N/A	Columbia Hospice Dallas	451556	8044	Parent	1300 West Mockingbird, Suite 160	Dallas	TX	75247
560 Columbia Homecare Group	Freestanding	N/A	Columbia Hospice Fort Worth	451556	8044	Branch	One Summit Avenue, Suite 905	Fort Worth	TX	76102

Columbia/HCA
Home Health Agency List for 1996 and 1997

HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHA PROV #	HHA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
561 Columbia Homecare Group	Freestanding	N/A	Columbia Hospice Waco	151536	8044	Branch	1227 N Valley Mills Drive, Suite A	Waco	TX	76710
562 Columbia Homecare Group	Freestanding	N/A	Columbia Homecare	457162	37324	Parent	2900 North Loop West, Suite S80	Houston	TX	77092
563 Columbia Homecare Group	Freestanding	N/A	Columbia Homecare	677267	37322	Parent	1300 West Mockingbird, Suite 160	Dallas	TX	75247
564 Columbia Homecare Group	Freestanding	N/A	Nurses Unlimited of El Paso	677650	39360	Parent	100 Executive Center Blvd.	El Paso	TX	79902
565 Columbia Homecare Group	Freestanding	N/A	Columbia Homecare	677267	37322	Branch	833 E. Arapaho, Suite 105	Richardson	TX	75081
566 Columbia Ogden Regional Medical Center	460005	34415	Columbia Homecare Utah	467032	34482	Parent	5495 South 500 East	Ogden	UT	84405
567 Columbia Ogden Regional Medical Center	460005	34415	Columbia Homecare Utah	467032	34482	Branch	101 Commercial Street, P. O. Box 769	Morgan	UT	84050
568 Columbia Castleview Hospital	460011	34412	Columbia Homecare Utah	467078	34479	Parent	295 South Highway 55	Price	UT	84501
569 Columbia Mountain View Hospital	460013	34409	Columbia Homecare Utah	467082	34481	Parent	39 N. Professional Way, Suite 2	Payson	UT	84651
570 Columbia Mountain View Hospital	460013	34409	Columbia Homecare Utah	467082	34481	Branch	2200 N. University Parkway, #2C	Provo	UT	84604
571 Columbia Brigham City Community Hospital	460017	34410	Columbia Homecare Utah	467099	34478	Parent	984 South 500 West, Suite 100	Brigham City	UT	84302
572 Columbia Brigham City Community Hospital	460017	34410	Columbia Homecare Utah	467099	34478	Branch	1395 North 400 East, Suite C	Logan	UT	84341
573 Columbia Brigham City Community Hospital	460017	34410	Columbia Homecare Utah	467099	34478	Branch	471 W. 600 North, Unit A	Tremonton	UT	84337
574 Columbia Ashley Valley Medical Center	460030	34413	Columbia Homecare Utah	467036	34477	Parent	38 East 100 North	Vernal	UT	84078
575 Columbia Lakeview Hospital	460032	34411	Columbia Homecare Utah	467300	34480	Parent	520 East Medical Drive, Suite 330	Bountiful	UT	84010
576 Columbia Lakeview Hospital	460042	34411	Columbia Homecare Utah	467300	34480	Branch	2084 Robins, Suite 301	Layton	UT	84041

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Columbia/HCA
Home Health Agency List for 1996 and 1997

HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	IIHA PROV #	IIHA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
577 Columbia St. Mark's Hospital	460017	34407	Columbia Homecare Utah	467028	34476	Parent	1935 East Vine Street, Suite 480	Salt Lake City	UT	84121
578 Columbia St. Mark's Hospital	460017	34407	Columbia Homecare Utah	467028	34476	Branch	75 South 100 East, Suite 1D	St. George	UT	84770
579 Columbia St. Mark's Hospital	460017	34407	Columbia Homecare Utah	467028	34476	Branch	39 North Main Street	Tooele	UT	84074
580 Columbia St. Mark's Hospital	460017	34407	Columbia Homecare Utah	467028	34476	Branch	P. O. Box 669, 280 E. Center Street	Kamas	UT	84036
581 Columbia St. Mark's Hospital	460017	34407	Columbia Homecare Utah	467028	34476	Branch	3540 S. 4000 West, Suite 150	West Valley	UT	84120
582 Columbia Divisional Agency	Freestanding	N/A	Columbia Homecare Utah	Commercial	34483	Parent	150 Wright Brothers Drive, Suite 540	Salt Lake City	UT	84116
583 Columbia Indian Path Medical Center	410176	34225	Columbia Homecare Indian Path	447422	34276	Branch	103 East Jackson Street, Suite 200	Gate City	VA	24251
584 Columbia Lewis-Gale Medical Center	490048	34630	Columbia Homecare Lewis-Gale Medical Center	497509	34670	Parent	1900 Electric Road	Salem	VA	24153
585 Columbia Clinch Valley Medical Center	490060	34607	Columbia Homecare Clinch Valley	497484	34608	Branch	P. O. Box 2754	Grandy	VA	24614
586 Columbia Clinch Valley Medical Center	490060	34607	Columbia Homecare Clinch Valley	497484	34608	Parent	2951 West Front Street, Suite 2100	Richlands	VA	24641
587 Columbia Reston Hospital Center	490107	7026	Columbia Homecare Northern Virginia	497517	7031	Parent	1850 Town Center Parkway	Reston	VA	22090
588 Columbia Montgomery Regional Hospital	490110	34610	Columbia Homecare Montgomery Reg. Hospital	497407	34662	Parent	3700 S. Main Street	Blacksburg	VA	24060
589 Columbia Montgomery Regional Hospital	490110	34610	Columbia Homecare Montgomery Reg. Hospital	497407	34662	Branch	201 S. Locust Street	Floyd	VA	24091
590 Columbia Chippenhams & Johnston-Willis Hospitals, Inc.	490112	34632	Columbia Hospice and Family Care	491506	34632	Parent	1405 Johnston-Willis Drive	Richmond	VA	23235
591 Columbia Chippenhams & Johnston-Willis Hospitals, Inc.	490112	34632	Columbia Homecare Central Virginia	497425	35268	Parent	1401 Johnston-Willis Drive	Richmond	VA	23235
592 Columbia Chippenhams & Johnston-Willis Hospitals, Inc.	490112	34632	Columbia Homecare Central Virginia	497425	35268	Branch	411 W. Randolph Road	Hopewell	VA	23860

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Columbia/HCA
Home Health Agency List for 1996 and 1997

HOSPITAL	HOSP PROV #	HOSP COID #	AGENCY	HHA PROV #	HHA COID #	STATUS	ADDRESS	CITY	STATE	ZIP
593 Columbia Chippewhams & Johnston Wilks Hospitals, Inc.	490112	34632	Columbia Homecare Central Virginia Hosp.	497125	35268	Branch	2619 Floyd Avenue	Richmond	VA	23220
594 Columbia Pulaski Community Hospital	490116	34605	Columbia Homecare Pulaski Comm. Hosp.	497075	34663	Parent	2400 Lee Highway, P.O. Box 759	Pulaski	VA	24301
595 Columbia Pulaski Community Hospital	490116	34605	Columbia Homecare Pulaski Comm. Hosp.	497075	34663	Branch	1480 E. Main Street, Suite 702	Wytheville	VA	24382
596 Columbia Alleghany Regional Hospital	490126	34654	Columbia Homecare Alleghany Regional Hospital	497292A	34657	Parent	1 Alleghany Regional Hospital Lane	Low Moor	VA	24457
597 Columbia St. Luke's Hospital	510067	34901	Columbia Homecare	Pending	34918	Parent	705 South College Avenue	Bluefield	VA	24605
598 Columbia Homecare Group	Freestanding	N/A	Columbia Homecare	Commercial	34667	Parent	9200 Arboretum Parkway, Suite 120	Richmond	VA	23226
599 Columbia Saint Francis Hospital	510031	34910	Columbia Homecare Charleston	517110	6648	Parent	333 Laidley Street, P. O. Box 471	Charleston	WV	25322
600 St. Joseph's Hospital	510033	6760	ServCare, Inc.	517074A	7066	Parent	1213 Garfield Avenue	Parkersburg	WV	26101
601 St. Joseph's Hospital	510033	6760	ServCare, Inc.	517074A	7066	Branch	208 Clayton Street	Pennsboro	WV	26415
602 Columbia St. Luke's Hospital	510067	34901	Columbia Homecare	517106	34918	Parent	1333 Southview Drive, Suite 3	Bluefield	WV	24701
603 Columbia Raleigh General Hospital	510070	34907	Extend-A-Care Home Health	517054	7842	Parent	713 S. Oakwood Avenue	Beckley	WV	25801
604 Columbia Raleigh General Hospital	510070	34907	Extend-A-Care Home Health	517054	7842	Satellite	119 Main Street N., Suite C	Oak Hill	WV	24901
605 Columbia Raleigh General Hospital	510070	34907	Extend-A-Care Home Health & Hospice	517054	7842	Satellite	103 Guyandotte Avenue	Mullens	WV	25882
606 Columbia Raleigh General Hospital	510070	34907	Columbia Homecare at Raleigh General Hospital	517108	34919	Parent	302 Carriage Drive	Beckley	WV	25801
607 Columbia Riverfront Memorial Hospital	500008	35001	Columbia Homecare Riverfront	517011	35003	Parent	2300 Rose Lane	Riverton	WY	82501

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ATTACHMENT 5
TO CIVIL AND ADMINISTRATIVE SETTLEMENT AGREEMENT
BETWEEN U.S. AND HCA

Claims Raised in *Qui Tams* That are Co-Extensive With This Agreement¹

- I. Cases For Which HCA And The United States Agree That The Entire Complaint Is Co-Extensive With The Covered Conduct
- (1) U.S. ex rel. Wyman and Rothfeder v. HealthTrust, Columbia/HCA, et al., No. 99-3310 (D.D.C.) (formerly D. Utah).
 - (2) U.S. ex rel. Health Outcomes Technologies v. Columbia Medical Center-East, et al., No. 99-3297 (D.D.C.) (formerly E.D. Pa.).
 - (3) U.S. ex rel. McLendon v. Columbia Healthcare Corp., et al., No. 99-3295 (D.D.C.) (formerly N.D. Ga.).
 - (4) U.S. ex rel. Cianci v. Columbia/HCA Healthcare Corp., et al., No. 99-2761 (D.D.C.) (formerly M.D. Fla.).
- II. Cases For Which HCA and the United States Agree That Some Claims Are Co-Extensive With The Covered Conduct
- (5) U.S. ex rel. Atchison v. Columbia/HCA Healthcare, Inc., No. 99-2399 (D.D.C.) (formerly M.D. Tenn.).

Co-extensive claims in Second Amended *Qui Tam* Complaint:

¶¶ 40 & 41 (relating to "Home Health Care")

- (6) U.S. ex rel. Atchison v. Columbia/HCA Healthcare, Inc., No. 99-3307 (D.D.C.) (formerly W.D. Tex.).

Co-extensive claims in First Amended *Qui Tam* Complaint:

¶¶ 60 & 61 (relating to "Home Health Care")

¹ This list is intended to cover only claims that are within the scope of the Covered Conduct, as defined in the Agreement. Claims in these cases against non-HCA defendants (e.g., individuals, entities not owned or controlled by HCA) are excluded from the Covered Conduct and thus will not be dismissed pursuant to the Agreement.

- (7) U.S. ex rel. Boston v. Columbia/HCA Healthcare Corp., No. 99-3301 (D.D.C.) (formerly N.D. Tex.).

Co-extensive claims in Complaint:

The complaint is covered to the extent it alleges home health billing allegations described in the Covered Conduct, including, but possibly not limited to, ¶¶ 24, 25 (except ¶ 25(A)(4)) and 36 ((a) through (d) only).

- (8) U.S. ex rel. Christian, Long and Kuhn v. Columbia/HCA Healthcare Corp., et al., No. 99-3303 (D.D.C.) (formerly S.D. Tex.).

Co-extensive claims in Relator's Original Complaint:

All claims in the complaint with the exception of the venipuncture allegation in ¶ 55.

- (9) U.S. ex rel. Hampton v. Columbia/HCA Healthcare Corp., et al., No. 99-3294 (D.D.C.) (formerly M.D. Ga.).

Co-extensive claims in Complaint:

The complaint is covered to the extent it alleges conduct described in the Covered Conduct. The United States and HCA will have further discussions about what claims, if any, are not covered.

- (10) U.S. ex rel. Lanni v. Curative Health Services, Inc., et al., No. 00-2584 (D.D.C.) (formerly S.D.N.Y.)

Co-extensive claims in Complaint:

The complaint is covered to the extent it alleges fraudulent submission of outpatient laboratory claims described in the Covered Conduct by HCA hospitals. The complaint is not covered with respect to conduct by other defendants.

- (11) U.S. ex rel. Ortega v. Columbia/HCA Healthcare Corp., et al., No. 99-3305 (D.D.C.) (formerly W.D. Tex.)

Co-extensive claims in Plaintiff's First Amended Complaint:

¶¶ 18 & 19 (upcoding allegations)

- (12) U.S. ex rel. Rappaport v. Hospital Corp. of America, et al.,
No. 99-3288 (D.D.C.) (formerly N.D. Ala.)

Co-extensive claims in Sealed Complaint With Demand For Jury Trial:

¶¶ 93 & 94 (relating to "Improperly Changing Diagnosis To Enhance Medicare Billing")

- (13) U.S. ex rel. Schilling v. Columbia/HCA Healthcare Corp., et al., Civ. No. 99-3289 (D.D.C.) (formerly M.D. Fla.)

Co-extensive claims in First Amended Complaint and Demand For Jury Trial:

¶¶ 31 and 36-40 (relating to conduct covered by Home Health Management Fees and Home Health Community Educators portions of Covered Conduct)

**CORPORATE INTEGRITY AGREEMENT
BETWEEN THE
OFFICE OF INSPECTOR GENERAL
OF THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AND
HCA--THE HEALTHCARE COMPANY**

I. PREAMBLE

HCA--The Healthcare Company ("HCA") hereby enters into this Corporate Integrity Agreement ("CIA") with the Office of Inspector General ("OIG") of the United States Department of Health and Human Services ("HHS") to promote compliance by itself, its subsidiaries, and their employees, contractors, agents, and physicians with the requirements of Medicare, Medicaid and all other Federal health care programs (as defined in 42 U.S.C. § 1320a-7b(f))(hereinafter collectively referred to as the "Federal health care programs.") This CIA shall be applicable only to those operations of HCA that are subject to United States law and regulations. HCA's compliance with the terms and conditions in this CIA shall constitute an element of HCA's present responsibility with regard to participation in the Federal health care programs. Whenever the term "HCA" is used in this CIA, it includes all of HCA's subsidiaries, as defined in this agreement. Contemporaneously with this CIA, HCA is entering into a Settlement

Agreement with the United States, and this CIA is incorporated by reference into the Settlement Agreement. HCA currently operates an Ethics and Compliance Program, which HCA agrees to operate in a manner consistent with the terms of this CIA.

II. TERM OF THE CIA AND DEFINITIONS

A. **Term.** The period of the compliance obligations assumed by HCA under this CIA shall be eight years from the effective date of this CIA (unless otherwise specified). The effective date of this CIA shall be the date that the court(s) accept the plea(s) and impose a sentence in the criminal proceedings related to the plea agreement entered into between HCA and the United States on or about the date of the signing of this CIA. Sections VII, VIII, IX, X and XI of this CIA shall remain in effect until OIG has completed its review of the final annual report and any additional materials submitted by HCA pursuant to OIG's request. The compliance obligations of the Corporate Integrity Agreement in place for Lanier Park Hospital in Gainesville, Georgia, shall not apply to the time period beginning on the effective date of this CIA (sections II.D, II.E, III, V, and VI of the Lanier Park CIA shall remain in effect until OIG has completed its review of the most recent annual report and any additional materials submitted by HCA pursuant to OIG's request), and upon the effective date of this CIA Lanier Park Hospital shall be subject to the provisions of this CIA to the same extent as other HCA facilities.

B. Definitions. For the purposes of this CIA, the following terms have the following meanings.

1. Covered Person: (a) any officer, director, or employee of HCA or any of its subsidiaries; or (b) any agent or other individual who furnishes health care items or services to any Federal health care program beneficiary at a facility owned or operated by HCA or any of its subsidiaries for which HCA or any of its subsidiaries claims reimbursement from any Federal health care program. Notwithstanding the above, this term does not include part-time or *per diem* employees, agents or other individuals who are not reasonably expected to work more than 160 hours per year, except that any such individuals shall become "Covered Persons" at the point when they work more than 160 hours during the calendar year.

2. Subsidiary: any corporation or other entity that provides items or services for which payment may be made by any Federal health care program, or prepares or submits requests for such payment, and in which HCA (i) has at least a 50% ownership interest, or (ii) has at least a 5% ownership interest and either manages or controls.

3. Covered Contractor: any agent or other individual (who is not a covered person) who prepares claims, cost reports, or other requests for reimbursement from any Federal health care program on behalf of HCA or any of its subsidiaries on a regular basis (i.e., for more than 80 hours within the calendar year).

III. CORPORATE INTEGRITY OBLIGATIONS

HCA shall ensure that its Ethics and Compliance Program includes the following elements during the term of this CIA.

A. Compliance Officers and Committees.

1. *Ethics, Compliance and Corporate Responsibility Committee of the Board of Directors.* HCA currently has an Ethics, Compliance and Corporate Responsibility Committee of the Board of Directors ("Board Committee") comprised of five outside directors of HCA. The Board Committee is responsible for the review of matters related to the Ethics and Compliance Program, this CIA, and compliance with requirements of Federal health care programs. The Board Committee shall meet at least quarterly. When new members of the Board Committee are appointed or the responsibilities or authorities of the Board Committee are substantially changed, HCA shall notify the OIG, in writing, within 15 days of such a change.

2. *Senior Vice President for Compliance.* HCA currently has a Senior Vice President for Ethics, Compliance, and Corporate Responsibility ("SVP-Compliance"). The SVP-Compliance is and shall be responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements set forth in this CIA and with the requirements of the Federal health care programs. The SVP-Compliance is and shall be a member of senior management of HCA, shall make

regular (at least quarterly) reports regarding compliance matters directly to the CEO and/or to the Board of Directors (including the Board Committee) of HCA, and shall be authorized to report to the Board of Directors (including the Board Committee) at any time. The SVP-Compliance shall be responsible for monitoring the day-to-day activities engaged in by HCA to further its compliance objectives as well as for any reporting obligations created under this CIA. In the event a new SVP-Compliance is appointed or the responsibilities or authorities of the SVP-Compliance are substantially changed, HCA shall notify the OIG, in writing, within 15 days of such a change.

3. *Ethics, Compliance and Corporate Responsibility Department.* HCA currently has an Ethics, Compliance and Corporate Responsibility Department ("EC Department"). The EC Department is managed by the SVP-Compliance and is responsible for the operation of the Ethics and Compliance Program and for compliance with the requirements of this CIA and of the Federal health care programs. In the event the responsibilities or authorities of the EC Department are substantially changed, HCA shall notify the OIG, in writing, within 15 days of such a change.

4. *Local Ethics and Compliance Officers.* HCA currently has a Local Ethics and Compliance Officer ("ECO") at each of its facilities (for the purpose of this CIA, a "facility" is any hospital, ambulatory surgery center, clinic or group of clinics, or other location where health care items or services are provided by HCA or one of its

subsidiaries). Each ECO shall have sufficient management responsibility so as permit the effective performance of his or her duties. Each ECO is responsible for implementation and oversight of the Ethics and Compliance Program at the facility and for the facility's compliance with the requirements of this CIA and of the Federal health care programs. HCA shall make proper execution of ECO duties a major component of the performance evaluations of ECOs. HCA shall continually assess the effectiveness of ECOs and the methods and findings of any such assessments shall be made available to the OIG upon request. HCA shall not implement any substantial change in the responsibilities or authorities of the ECOs relating to HCA's Ethics and Compliance Program without prior written approval from the OIG.

5. *Corporate Ethics and Compliance Committees.* HCA currently has a Corporate Ethics and Compliance Steering Committee ("Compliance Steering Committee"). The Compliance Steering Committee is chaired by the SVP-Compliance and includes the Corporate CEO, COO, the two group presidents, and certain senior vice presidents. The Compliance Steering Committee oversees the effectiveness of the Ethics and Compliance Program and makes decisions on investments in the Program. The Compliance Steering Committee shall be responsible for overseeing the implementation of the requirements of this CIA. HCA also currently has a Corporate Ethics and Compliance Policy Committee ("Compliance Policy Committee"). The Compliance

Policy Committee is chaired by the SVP-Compliance and includes the group CFOs, three hospital presidents, a number of senior vice presidents, e.g., Internal Audit, General Counsel, Quality, Information Systems, Human Resources, Government Programs, and executives representing major compliance areas, such as coding, billing, physician relationships, and cost reports. The Compliance Policy Committee reviews and approves all compliance-related policies. The two committees shall conduct at least 12 meetings per year in aggregate. The committees shall keep a record of their proceedings that shall be available to the OIG upon request.

6. *Hospital Compliance Committees.* Each Hospital shall have a Hospital Ethics and Compliance Committee ("Hospital Committee"). The Hospital Committee shall be chaired by the ECO of the facility and include the heads of each of the facility's major compliance-related departments. The Hospital Committee shall be responsible for assisting the ECO in implementing the Ethics and Compliance Program, and ensuring compliance by the facility with this CIA and the requirements of Federal health care programs. The Hospital Committee shall also be responsible for reporting on compliance issues to the ECO.

7. *Responsible Executives.* HCA has designated certain individuals ("Responsible Executives") to be responsible for development and implementation of a portion of the Ethics and Compliance Program related to a specific compliance risk area.

For example, the Vice President, Health Information Management Services, is the Responsible Executive for coding compliance. The Responsible Executives work with the SVP-Compliance, EC Department, Compliance Policy Committee, and others to develop, oversee, monitor, and implement compliance policies within their designated areas of responsibility. HCA shall not discontinue or materially alter its current Responsible Executive structure without written approval from the OIG.

B. Written Standards.

1. *Code of Conduct.* HCA currently has a Code of Conduct. HCA has implemented a program to distribute the Code of Conduct to covered persons. HCA shall make the promotion of, and adherence to, the Code of Conduct an element in evaluating the performance of managers, supervisors, and all other employees. HCA has implemented a program to obtain an acknowledgment from each covered person that he or she has received HCA's Code of Conduct and understands that it represents the mandatory policies of the organization. Within 90 days of the effective date of this CIA, HCA shall obtain a certification from each of its facilities and corporate departments that, based on information and belief, this distribution and acknowledgment process is complete. New covered persons shall receive the Code of Conduct and shall complete the required acknowledgment within 30 days after becoming a covered person. HCA shall annually review the Code of Conduct and shall make any necessary revisions. These

revisions shall be distributed as expeditiously as possible after initiating such a change and no later than 30 days after the effective date of the revised Code of Conduct. HCA shall implement a program to obtain an acknowledgment from each covered person that he or she has received the revised Code of Conduct, understands that it represents the mandatory policies of the organization, and agrees to abide by it. Within 90 days of the effective date of the revised Code of Conduct, HCA shall obtain a certification from each of its facilities and corporate departments that, based on information and belief, this distribution and acknowledgment process is complete. HCA shall obtain the acknowledgments and certifications described in the preceding two sentences every time that a revised Code of Conduct is distributed (but in any event no less frequently than every three years).

2. *Covered Contractor Requirements.* HCA shall require a Covered Contractor to: (a) agree to abide by HCA's Code of Conduct or adopt its own Code of Conduct substantially similar to HCA's Code of Conduct; (b) distribute either (i) HCA's Code of Conduct or (ii) its Code of Conduct and information about HCA's Confidential Disclosure Program (including the Ethics Line number) to employees working on HCA matters; and, (c) certify to HCA that employees working on HCA matters have received a copy of (i) HCA's Code of Conduct or (ii) its Code of Conduct and information about HCA's Confidential Disclosure Program (including the Ethics Line number). Where the

Covered Contractor is a solo practitioner, the Covered Contractor must be provided with HCA's Code of Conduct and certify that he or she will abide by it.

3. *Policies and Procedures.* HCA is developing written compliance Policies and Procedures. Prior to the effective date of this CIA, HCA has implemented many such Policies and Procedures and provided them to the OIG. HCA shall assess and update as necessary the Policies and Procedures at least annually and more frequently, as appropriate. HCA shall provide a summary of changes to its Policies and Procedures in its Annual Reports under this CIA and the current Policies and Procedures shall continue to be available to OIG upon request. HCA represents that it has distributed its Policies and Procedures to its facilities. Compliance staff at both the facilities and the corporate headquarters, including the Responsible Executives, shall be available to explain any and all Policies and Procedures.

C. Training and Education. HCA shall meet the following training requirements. The training requirements are cumulative (not exclusive) so that one person may be required to attend training in several substantive areas in addition to the general training. All training requirements set forth below in paragraphs 1 to 5 shall be implemented as specified below. With respect to the initial training required to be provided within a certain time period after the effective date of this CIA, HCA need not provide such training to persons who have received training in the six-month period prior to the

effective date of this CIA, if the training provided meets all the subject matter and duration requirements that would apply to the initial training under the CIA.

1. *General Training.* HCA shall provide at least two hours of training initially (within 90 days of the effective date of this CIA) to each covered person, and one hour of refresher training annually thereafter. The training shall cover HCA's Ethics and Compliance Program, its Code of Conduct, and the requirements of this CIA. The training conducted by HCA when it issued its Code of Conduct, *One Clear Voice*, and its ethics and compliance refresher training, *Commitments We Share*, and/or its revised Code of Conduct, *A Tradition of Caring*, (all of which explained HCA's Ethics and Compliance Program and its Code of Conduct) regardless of the date the training occurred will satisfy this requirement for training within 90 days notwithstanding the fact that such training did not cover the CIA. Covered persons who have received prior training described in the previous sentence must receive at least one hour of refresher training (including discussion of the CIA) during the first year covered by the CIA and annually thereafter. Within 90 days after the effective date of this CIA, HCA shall notify all covered persons of the execution of the CIA and provide a summary of the key provisions of this CIA through electronic mail, its internet and/or intranet sites, newsletters, and other appropriate means. All general training conducted after the effective date of this CIA shall include training on the CIA.

2. *Coding Training.* HCA shall continue to have in place an introductory training course for each hospital inpatient coder, as well as an intermediate coding course. HCA shall provide at least eight hours of coding training to inpatient hospital coders and supervisors within 180 days of the effective date of this CIA. HCA shall maintain its DRG coding course for hospital inpatient coders accessible through its intranet. HCA shall maintain and enforce its current policy requiring 30 hours of continuing education annually for hospital inpatient coders.

3. *Billing Training.* HCA shall provide training to all individuals (including Laboratory and Business Office Directors and other billing personnel) responsible for Federal health care program billing in their facilities. HCA shall provide at least eight hours of such training within 180 days of the effective date of this CIA and during each subsequent year. The training shall include the following subject matters:

- a. the submission of accurate bills for services rendered to Federal health care program beneficiaries;
- b. policies, procedures and other requirements applicable to the documentation of medical records;
- c. the personal obligation of each individual involved in the billing process to ensure that such billings are accurate;
- d. applicable reimbursement statutes, regulations, and program requirements and directives;

- e. the legal sanctions for improper billings; and
- f. examples of proper and improper billing practices.

4. *Cost Report Training.* HCA shall ensure that covered persons who prepare cost reports receive at least eight hours of training on preparation of cost reports for Federal health care programs within 180 days of the effective date of this CIA. HCA shall maintain and enforce its current practice requiring 40 hours of continuing education annually to include Federal and/or state statutes, regulations, and guidelines, compliance, and Corporate policies for covered persons who prepare cost reports.

5. *Physician Relations Training.* Within 90 days of the effective date of this CIA and annually thereafter, HCA shall provide at least one hour of training to its Hospital CEOs, CFOs, and all other personnel substantially involved in negotiating or monitoring physician relationships on the statutes and regulations related to hospital/physician relationships (including but not limited to 42 U.S.C. §§ 1320a-7b(b) and 1395nn). HCA shall annually distribute its physician relationship policy checklist to such personnel.

6. *Overall Compliance Training.* HCA shall continue its process of establishing individual training profiles for its employees. HCA shall pursue the implementation of these training profiles in order to ensure that all covered persons are familiar with areas of compliance risk relevant to their positions.

7. *New Persons.* Affected new covered persons shall receive the General Training described in section III.C.1 above by the end of the first 30 days after the person begins work. The orientation training (which is defined as all other training required, under section III.C, to be accomplished within 180 days or less after the effective date of this CIA) required by this CIA shall also be promptly provided to appropriate new covered persons (but in no event later than 90 days after the person begins work on the matter for which they must be trained) so that the persons are fully qualified by virtue of such training to perform whatever responsibilities may be assigned to them. In any situation where training requirements have not been completed, a fully trained HCA employee shall carefully monitor the work of the untrained person.

8. *Covered Contractor Requirements.* HCA must document completion of the applicable coding, billing, cost report, or physician relationships training to employees of Covered Contractors working on HCA matters if: (i) the Covered Contractor is a solo-practitioner; (ii) the Covered Contractor was not retained because of its professional expertise in the area for which training is necessary; or (iii) the Covered Contractor has not complied with the requirements of section III.B.2. HCA is responsible for ensuring the expertise and compliance of Covered Contractors.

9. *Certifications and Retention.* HCA shall maintain sufficient records to demonstrate that the required training has occurred. These records shall include certifications from covered persons that they have attended the required training. The

certifications may be acquired through: attendance/sign-in sheets for in-person group training sessions; computer attestations for computer-based training; or similar mechanisms for other forms of training. Facility ECOs and/or Responsible Executives shall retain training records and certifications in a manner that permits reporting to the SVP-Compliance to enable the SVP-Compliance to report on the training, and provide the specific course materials and certifications, to the OIG upon request.

D. Review Procedures.

1. *Retention of Independent Review Organization.* HCA shall retain an entity (or entities), such as an accounting, auditing or consulting firm (hereinafter "Independent Review Organization" or "IRO"), to perform review procedures to assist HCA in assessing the adequacy of its Policies and Procedures, Ethics and Compliance Program, its compliance with this CIA, and its compliance with the requirements of Federal health care programs. The reviews shall be performed annually during the term of the CIA in accordance with the attached workplans. These reviews shall cover the calendar years 2001 through 2008, unless otherwise specified in a workplan. The Independent Review Organization used for each review must have expertise in the matters to be reviewed and particularly with the requirements of the Federal health care programs relevant to that area of review. The Independent Review Organization must be retained to conduct the reviews for the first year within 90 days of the effective date of this CIA. An IRO may engage qualified sub-IROs (including, as appropriate, law firms),

as necessary and HCA shall have the right to designate a different IRO for any particular area of compliance concern if it believes that such different IRO would be better qualified to undertake a particular focused review. HCA shall have the right to designate a new IRO at any time it chooses. If HCA designates a new IRO, it shall provide written notice to the OIG within 15 days of designating the new IRO. This written notice will include the following: (a) the name, address, and primary contact person at the new IRO; (b) a brief description of the qualifications of the new IRO; and (c) a brief description of the reasons that a new IRO was designated.

2. *Types of Reviews.* The IRO(s) and HCA appropriate internal resources or directed external resources shall annually perform the reviews described in the audit work plans ("workplans") attached to, and incorporated by reference into, this CIA. The workplans address the following areas: (1) Diagnosis Related Groups (DRGs); (2) Laboratory Billing; (3) Outpatient Prospective Payment; and (4) Physician Relationships. The workplans require reviews of systems and processes in place at HCA and its facilities, and of claims submitted by HCA and paid by Federal health care programs (the physician relationship workplan includes review of physician relationships rather than claims). The reviews of claims more specifically described in the workplans fall into two general categories: (1) probe samples of a set number of claims (with no pre-determined statistical confidence or precision parameters); and (2) full samples of claims from which an overpayment amount can be projected to the total population of claims in question

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within pre-determined statistical confidence and precision parameters. HCA and the IRO will evaluate the IRO work plans annually based upon prior year results. If appropriate, HCA will submit revised IRO work plan(s) to the OIG for its review and action.

3. *Statistical Sampling and Appraisal Methodologies for Reviews.* All matters related to this CIA and the workplans that involve statistical sampling or appraisal, or the review of claims, including probe samples and full samples, shall be conducted in accordance with the provisions of Appendix A to this CIA.

4. *Ethics and Compliance Program Review.* The IRO shall conduct a compliance review providing findings regarding whether HCA's Ethics & Compliance Program, Policies and Procedures, and operations comply with the terms of this CIA. This review shall include section by section findings regarding the requirements of this CIA. In addition, the IRO shall provide findings regarding whether HCA has complied with its obligation under the Settlement Agreement: (a) not to resubmit to any Federal health care program payors any previously denied claims related to the conduct addressed in the Settlement Agreement, and its obligation not to appeal any such denials of claims; and (b) not to charge to, or otherwise seek payment from, federal or state payors for unallowable costs (as defined in the Settlement Agreement) and its obligation to identify and adjust any past charges of unallowable costs.

5. *Review Reports.* HCA and the IRO(s) shall annually produce reports corresponding to all of the required reviews and including all of the information required

by this section of the CIA, workplans, and the Claims Review Reports described in Appendix A. A complete copy of all of the reports for the reporting year shall be included in each of HCA's Annual Reports to OIG.

6. *Verification/Validation.* In the event that the OIG has reason to believe that any of HCA's reviews fail to conform to its obligations under the CIA or indicates improper billings not otherwise adequately addressed in the audit report, and thus determines that it is necessary to conduct an independent review to determine whether or the extent to which HCA is complying with its obligations under this CIA, HCA agrees to pay for the reasonable cost of any such review by the OIG or any of its designated agents. Prior to proceeding with such an independent review, the OIG shall notify HCA of its intent to do so and its reasons for believing such a review is necessary, and shall attempt to resolve any issues without proceeding with an independent review. This attempt to resolve issues may include permitting HCA to recommend further work it or the IRO may undertake to address the OIG's concerns. However, it shall remain in the sole discretion of the OIG to proceed with an independent review as described above.

E. Confidential Disclosure Program. HCA has established a Confidential Disclosure Program. HCA provides a toll free "Ethics Line" to enable employees, contractors, agents or other individuals to disclose, to the EC Department or some other person who is not in the disclosing individual's chain of command, any identified issues or questions associated with HCA's Policies and Procedures, practices, or operations with

respect to any Federal health care program, believed by the individual to be inappropriate. HCA shall continue to publicize the existence of the Ethics Line to all covered persons. HCA has established a Policy governing its handling of disclosures made through the Ethics Line. HCA shall continue to operate the Ethics Line through such Policy. HCA shall continue to forbid retribution or retaliation for disclosures and allow for anonymous, confidential disclosures. The EC Department shall maintain a confidential disclosure log, which shall include a record and summary of each allegation received, the status of the respective investigations, and any corrective action taken in response to the investigation.

F. Ineligible Persons.

1. *Definition.* For purposes of this CIA, an "Ineligible Person" shall be any individual or entity who: (i) is currently excluded, debarred, or otherwise ineligible to participate in the Federal health care programs; or (ii) has been convicted of a criminal offense related to the provision of health care items or services but has not yet been excluded, debarred, or otherwise declared ineligible.

2. *Screening Requirements.* HCA shall not hire or engage as contractors, or grant staff privileges to, any Ineligible Person. To prevent hiring or contracting with, or granting staff privileges to, any Ineligible Person, HCA shall screen all prospective employees and prospective contractors prior to engaging their services and screen physicians prior to granting staff privileges by (i) requiring applicants to disclose whether they are Ineligible Persons, and (ii) reviewing the General Services Administration's List

of Parties Excluded from Federal Programs (available through the Internet at <http://epls.arnet.gov>) and the HHS/OIG List of Excluded Individuals/Entities (available through the Internet at <http://www.hhs.gov/oig>) (these lists will hereinafter be referred to as the "Exclusion Lists").

3. *Review and Removal Requirement.* HCA has reviewed its list of current employees and contractors paid through automated means against the Exclusion Lists. Within 180 days of the effective date of this CIA, HCA shall review its list of current physicians with staff privileges against the Exclusion Lists. HCA shall review the lists of employees, contractors, and physicians with staff privileges against the Exclusion Lists at least semi-annually during the duration of this CIA. In addition, HCA shall require employees, contractors and physicians with staff privileges to disclose immediately any debarment, exclusion or other event that makes the person an Ineligible Person. If HCA has notice that an employee, agent, or physician has become an Ineligible Person, HCA shall remove such person from responsibility for, or involvement with, HCA's business operations related to the Federal health care programs and shall remove such person from any position for which the person's salary or the items or services rendered, ordered, or prescribed by the person are paid in whole or part, directly or indirectly, by Federal health care programs or otherwise with Federal funds at least until such time as the person is reinstated into participation in the Federal health care programs.

4. *Pending Charges and Proposed Exclusions.* If HCA has notice that an employee or contractor is charged with a criminal offense related to any Federal health care program, or is proposed for exclusion during his or her employment or contract, HCA shall take all appropriate actions to ensure that the responsibilities of that employee or contractor have not and shall not adversely affect the quality of care rendered to any beneficiary, patient or resident, or the accuracy of any claims submitted to any Federal health care program.

G. Notification of Proceedings. Within 30 days of discovery by HCA, HCA shall notify OIG, in writing, of any ongoing investigation or legal proceeding conducted or brought by a governmental entity or its agents involving an allegation that HCA has committed a crime or has engaged in fraudulent activities. This notification shall include a description of the allegation, the identity of the investigating or prosecuting agency, and the status of such investigation or legal proceeding. HCA shall also provide written notice to OIG within 30 days of the resolution of the matter, and shall provide OIG with a description of the findings and/or results of the proceedings, if any.

H. Reporting.

1. *Overpayments*

a. *Definition of Overpayments.* For purposes of this CIA, an “overpayment” shall mean the amount of money HCA has received in excess of the amount due and payable under any Federal health

care program requirements. HCA may not subtract any underpayments for purposes of determining the amount of relevant "overpayments."

b. Reporting of Overpayments. If, at any time, HCA identifies or learns of any overpayments, HCA shall notify the payor (e.g., Medicare fiscal intermediary or carrier) and repay any identified overpayments within 30 days of identification and take remedial steps within 60 days of identification (or such additional time as may be agreed to by the payor) to correct the problem, including preventing the underlying problem and the overpayments from recurring. Also, within 30 days of identification of the overpayment, HCA shall repay the overpayment to the appropriate payor to the extent such overpayment has been quantified (submission of corrected bills in conformance with payor policy within 30 days fulfills this requirement). If not yet quantified, within 30 days of identification, HCA shall notify the payor of its efforts to quantify the overpayment amount along with a schedule of when such work is expected to be completed. Notification and repayment to the contractor should be done in accordance with the contractor policies.

For Medicare overpayments identified through HCA's Ethics and

Compliance Program and/or the processes required under this CIA, (including internal and IRO audits, Ethics Line cases, or other corporate-level monitoring or review), the notice to the contractor must include the information contained on the Overpayment Refund Form, attached to this as Appendix B to this CIA (unless the contractor has authorized the form not to be submitted for this particular type of claim correction).

2. Reportable Events.

a. Definition of Reportable Event. For purposes of this CIA, a "Reportable Event" means anything that involves:

- (i) a substantial overpayment; or
- (ii) a matter that a reasonable person would consider a potential violation of any criminal, civil, or administrative statute or regulation applicable to any Federal health care program for which criminal penalties, civil monetary penalties, or exclusion may be authorized.

A Reportable Event may be the result of an isolated event or a series of occurrences.

b. Reporting of Reportable Events. If HCA determines that there is a Reportable Event, HCA shall notify OIG, in writing, within 30

days of making the determination that the Reportable Event exists.

The report to the OIG shall include the following information:

(i) If the Reportable Event results in an overpayment, the report to the OIG shall be made at the same time as the notification to the payor required in section III.H.1, and shall include all of the information on the Overpayment Refund Form, as well as:

(A) the payor's name, address, and contact person to whom the overpayment was sent; and

(B) the date of the check and identification number (or electronic transaction number) on which the overpayment was repaid/refunded;

(ii) a complete description of the Reportable Event, including the relevant facts, persons involved, and legal and Federal health care program authorities implicated;

(iii) a description of HCA's actions taken to correct the Reportable Event; and

(iv) any further steps HCA plans to take to address the Reportable Event and prevent it from recurring.

I. Corrective Actions Related to Investigation of Physician Relationships.

In the context of the investigation, self-audit, and settlement discussions related to the issue of physician relationships, certain such relationships have been identified as anomalies. HCA shall take appropriate measures to review these anomalous relationships. Those relationships that are determined by HCA to be non-compliant shall be terminated or amended to conform to HCA's Ethics and Compliance Program and the requirements of the Federal health care programs. HCA shall report on these measures as required in section V and all supporting documents shall be available to the OIG upon request.

IV. NEW AND DIVESTED LOCATIONS

In the event that HCA: (1) purchases or establishes a new hospital, freestanding ambulatory surgery center, home health agency, or another line of business that provides services that are billed to Federal health care programs; or (2) sells or divests an existing hospital, freestanding ambulatory surgery center, or home health agency, HCA shall notify OIG of this fact within 30 days of the date of purchase, establishment, sale, or divestiture. This notification shall include the location of the operation(s), telephone number, fax number, Federal health care program provider number(s) (if any), and the corresponding payor(s) (contractor specific). All covered persons at new locations shall be subject to the requirements in this CIA that apply to new covered persons (e.g., completing certifications and undergoing training). If HCA sells all of the assets or its

ownership interest related to a location, then that location shall no longer be considered part of HCA for the purposes of this CIA. If the location is still owned or operated in whole or in part by HCA or any of its subsidiaries or their successors, then the location shall continue to be considered part of HCA for the purposes of this CIA. If a hospital or ambulatory surgery center shall no longer be subject to the CIA due to a sale or transfer from HCA, HCA shall require as a condition of the sale that buyer or transferee represents and agrees that it has or shall implement and maintain with respect to its operations of the facility an effective program to prevent and detect violations of the legal requirements applicable to the delivery of goods and services in connection with any health care benefits and that such a program will comply with the provisions of the U.S. Sentencing Guidelines relating to corporate compliance programs and will be mindful of any applicable guidance issued by the OIG or other components of HHS; and that the buyer or transferee agrees that it will maintain such program for no less than five years from the date of sale or transfer.

V. IMPLEMENTATION AND ANNUAL REPORTS

A. Implementation Report. Within 120 days after the effective date of this CIA, HCA shall submit a written report to OIG summarizing the status of its implementation of the requirements of this CIA. This Implementation Report shall include:

1. the name, title, address, facility name (if applicable), and telephone number of all of the individuals who are in positions, or on committees,

described in section III.A (except that with respect to section III.A.6 only, the SVP-Compliance shall certify that the Hospital Committees are in place as required and the information otherwise required by this section shall be available to the OIG upon request);

2. the copy of all Policies and Procedures required by section III.B.2 that have not been previously provided to the OIG;

3. a description of the training required by section III.C, including a description of the targeted audiences and a schedule of when the training sessions were held;

4. a certification by the SVP-Compliance that:

a. the Policies and Procedures required by section III.B have been developed and implemented, and have been distributed to all pertinent covered persons;

b. all covered persons have completed the Code of Conduct certification required by section III.B.1; and

c. all covered persons have completed the training and executed the certification required by section III.C.

5. the identity of the Independent Review Organization(s) and the proposed start and completion date of the first set of reviews by the Independent

Review Organization(s) and appropriate HCA internal resources or directed external resources;

6. a summary of personnel actions taken pursuant to section III.F (other than hiring or granting of staff privileges);

7. a summary of the actions taken to ensure that the anomalous physician relationships identified in the investigation, self-audit, and settlement discussions have been reviewed, and terminated or amended, as appropriate, in conformance with section III.I.;

8. a list of all of HCA's locations (including physical locations and mailing addresses), the corresponding name under which each location is doing business, the corresponding phone numbers and fax numbers, each location's Medicare provider identification number(s), and the contractor's name and address; and

9. To the extent not already furnished to OIG, or if modified, a description of HCA's corporate structure, including identification of any parent, sister, and other related companies, subsidiaries and their respective lines of business.

B. Annual Reports. HCA shall submit to OIG Annual Reports with respect to the status and findings of HCA's compliance activities. The first Annual Report shall cover the time period from the effective date of this CIA through December 31, 2001 and shall

be received by the OIG no later than April 30, 2002. Subsequent Annual Reports shall cover each of the calendar years 2002 through 2008 and shall be received by the OIG no later than April 30 of the year following the year covered in the report. Each Annual Report shall include:

1. any change in the identity, title, address, facility name (if applicable), telephone number, and position description of all of the individuals who are in positions, or on committees, described in section III.A (except that with respect to section III.A.6 only, the SVP-Compliance shall certify that the Hospital Committees are in place as required and the information otherwise required by this section shall be available to the OIG upon request);
2. a certification by the SVP-Compliance that:
 - a. all covered persons have completed the annual Code of Conduct certification required by section III.B.1;
 - b. all covered persons have completed the training and executed the certification required by section III.C; and
 - c. HCA has complied with the following specified obligations under the Settlement Agreement: (i) not to resubmit to any Federal health care program payors any previously denied claims related to the conduct addressed in the Settlement Agreement, and its obligation not to appeal any such denials of claims; and (ii) not to charge to or

otherwise seek payment from federal or state payors for unallowable costs (as defined in the Settlement Agreement) and its obligation to identify and adjust any past charges of unallowable costs.

3. notification of any changes or amendments to the Policies and Procedures referenced in section III.B and the reasons for such changes (e.g., change in contractor policy);
4. a complete copy of the reports prepared pursuant to the reviews required in section III.D, including a copy of the methodologies used, along with a copy of the IRO's engagement letter;
5. HCA's response/corrective action plan to any issues raised in the reviews conducted under section III.D;
6. a summary of Reportable Events required to be identified and reported by section III.H and an update on corrective actions taken in response to such Reportable Events;
7. a report of the aggregate overpayments identified through HCA's Ethics and Compliance Program and/or the processes required under this CIA, (including internal and IRO audits, Ethics Line cases, or other corporate-level monitoring or review) that have been returned to the Federal health care programs. Overpayment amounts shall be broken down into the following categories: inpatient Medicare; outpatient Medicare; Medicaid

(report each applicable state separately); and other Federal health care programs;

8. a copy of the confidential disclosure log required by section III.E and a description of any changes to the Confidential Disclosure Program or Ethics Line referenced in that section;

9. a description of any personnel actions (other than hiring or granting staff privileges) taken by HCA as a result of the obligations in section III.F; and, with respect to any person that falls within the ambit of section III.F.4, the name, title, and responsibilities of the person, and the actions taken by HCA in response to the obligations set forth in that section;

10. a summary describing any ongoing investigation or legal proceeding conducted or brought by a governmental entity involving an allegation that HCA has committed a crime or has engaged in fraudulent activities, which is required to be reported by section III.G. The statement shall include a description of the allegation, the identity of the investigating or prosecuting agency, and the status of such investigation, legal proceeding or requests for information;

11. to the extent that such relationships still exist and have not been appropriately altered and reported in an earlier report to the OIG, a summary of the actions taken to ensure that the anomalous physician

relationships identified in the investigation, self-audit, and settlement discussions have been reviewed, and terminated or amended, as appropriate, in conformance with section III.I; and

12. a description of all changes to the most recently provided list (as updated) of HCA's locations (including physical locations and mailing addresses) as required by section V.A.7, the corresponding name under which each location is doing business, the corresponding phone numbers and fax numbers, each location's Federal health care program provider identification number(s), and the contractor name and address that issued each provider identification number.

C. Certifications. The Implementation Report and Annual Reports shall include a certification by the SVP-Compliance that: (1) except as otherwise explicitly described in the applicable report, HCA is in compliance with all of the requirements of this CIA, to the best of his or her knowledge; and (2) the SVP-Compliance has reviewed the report and has made reasonable inquiry regarding its content and believes that the information is accurate and truthful.

VI. NOTIFICATIONS AND SUBMISSION OF REPORTS

Unless otherwise stated in writing subsequent to the effective date of this CIA, all notifications and reports required under this CIA shall be submitted to the entities listed below:

Corporate Integrity Agreement
HCA -- The Healthcare Company

OIG:

Civil Recoveries Branch - Compliance Unit
Office of Counsel to the Inspector General
Office of Inspector General
U.S. Department of Health and Human Services
Cohen Building, Room 5527
330 Independence Avenue, SW
Washington, DC 20201
Phone 202.619.2078
Fax 202.205.0604

HCA:

Alan Yuspeh
Senior Vice President
Ethics, Compliance, and Corporate Responsibility
HCA -- The Healthcare Company
One Park Plaza
Nashville, TN 37203
Phone 615.344.1005
Fax 615.344.1045

Unless otherwise specified, all notifications and reports required by this CIA may be made by certified mail, overnight mail, hand delivery or other means, provided that there is proof that such notification was received. For purposes of this requirement, internal facsimile confirmation sheets do not constitute proof of receipt.

VII. OIG INSPECTION, AUDIT AND REVIEW RIGHTS

In addition to any other rights OIG may have by statute, regulation, or contract, OIG or its duly authorized representative(s) may examine HCA's books, records, and other documents and supporting materials and/or conduct an on-site review for the

purpose of verifying and evaluating: (a) HCA's compliance with the terms of this CIA; and (b) HCA's compliance with the requirements of the Federal health care programs in which it participates. The documentation described above shall be made available by HCA to OIG or its duly authorized representative(s) at all reasonable times for inspection, audit or reproduction. Furthermore, for purposes of this provision, OIG or its duly authorized representative(s) may interview any of HCA's employees, contractors, or agents who consent to be interviewed at the individual's place of business during normal business hours or at such other place and time as may be mutually agreed upon between the individual and OIG. HCA agrees to assist OIG in contacting and arranging interviews with such individuals upon OIG's request. HCA's employees may elect to be interviewed with or without a representative of HCA present.

VIII. DOCUMENT AND RECORD RETENTION

In addition to any other requirements for record retention, HCA shall maintain for inspection all documents and records: (1) related to reimbursement from the Federal health care programs for at least five years after the submission of the request for reimbursement (or longer if otherwise required); and (2) necessary to establishing HCA's compliance with this CIA for at least three years following the submission of the Annual Report covering the relevant year. Imaged copies of documents shall satisfy this requirement.

IX. DISCLOSURES

Consistent with HHS's Freedom of Information Act ("FOIA") procedures, set forth in 45 C.F.R. Part 5, the OIG shall make a reasonable effort to notify HCA prior to any release by OIG of information submitted by HCA pursuant to its obligations under this CIA and identified upon submission by HCA as trade secrets, commercial or financial information and privileged and confidential under the FOIA rules. With respect to such releases, HCA shall have the rights set forth at 45 C.F.R. § 5.65(d). HCA shall refrain from identifying any information as trade secrets, commercial or financial information and privileged and confidential that does not meet the criteria for exemption from disclosure under FOIA.

X. BREACH AND DEFAULT PROVISIONS

HCA is expected to fully and timely comply with all of its CIA obligations.

A. Stipulated Penalties for Failure to Comply with Certain Obligations. As a contractual remedy, HCA and OIG hereby agree that failure to comply with certain obligations set forth in this CIA may lead to the imposition of the following monetary penalties (hereinafter referred to as "Stipulated Penalties") in accordance with the following provisions.

1. A Stipulated Penalty of \$2,500.00 (which shall begin to accrue on the day after the date the obligation became due) for each day, beginning 90 days after the

effective date of this CIA and concluding at the end of the term of this CIA, HCA fails to have in place any of the following:

- a. all of the personnel and committees required in section III.A;
- b. a written Code of Conduct as required in section III.B.1;
- c. written Policies and Procedures as required in section III.B.2;
- d. a training program as required in section III.C; and
- e. a Confidential Disclosure Program as required in section III.E;

2. A Stipulated Penalty of \$2,500.00 (which shall begin to accrue on the day after the date the obligation became due) for each day HCA fails meet any of the deadlines to submit the Implementation Report or the Annual Reports to the OIG.

3. A Stipulated Penalty of \$2,500.00 (which shall begin to accrue on the date the failure to comply began) for each day HCA employs, contracts with, or grants staff privileges to an Ineligible Person and that person: (i) has responsibility for, or involvement with, HCA's business operations related to the Federal health care programs; or (ii) is in a position for which the person's salary or the items or services rendered, ordered, or prescribed by the person are paid in whole or part, directly or indirectly, by Federal health care programs or otherwise with Federal funds (the Stipulated Penalty described in this paragraph shall not be demanded for any time period during which HCA

can demonstrate that it did not discover the person's exclusion or other ineligibility after making a reasonable inquiry (as described in section III.F) as to the status of the person).

4. A Stipulated Penalty of \$2,500.00 (which shall begin to accrue on the date the HCA fails to grant access) for each day HCA fails to grant access to the information or documentation as required in section VII of this CIA.

5. A Stipulated Penalty of \$2,500.00 (which shall begin to accrue on the date the failure began) for a failure by HCA to report a Reportable Event, take corrective action, and pay the appropriate refunds, as provided in section III.H;

6. A Stipulated Penalty of \$2,000.00 (which shall begin to accrue 10 days after the date that OIG provides notice to HCA of the failure to comply) for each day HCA fails to comply fully and adequately with any obligation of this CIA and such failure is not already subject to a penalty in section X.A.1 through 5 above. In its notice to HCA, the OIG shall state the specific grounds for its determination that the HCA has failed to comply fully and adequately with the CIA obligation(s) at issue.

B. Payment of Stipulated Penalties.

1. *Demand Letter.* Upon a finding that HCA has failed to comply with any of the obligations described in section X.A and determining that Stipulated Penalties are appropriate, OIG shall notify HCA of: (a) HCA's failure to comply; and (b) the OIG's exercise of its contractual right to demand payment of the Stipulated Penalties (this notification is hereinafter referred to as the "Demand Letter"). Within 10 days after

receiving the Demand Letter, HCA shall either: (a) cure the breach to the OIG's satisfaction and pay the applicable stipulated penalties; or (b) request a hearing before an HHS administrative law judge ("ALJ") to dispute the OIG's determination of noncompliance, pursuant to the agreed-upon provisions set forth below in section X.D. In the event HCA elects to request an ALJ hearing, the Stipulated Penalties shall continue to accrue until HCA cures, to the OIG's satisfaction, the alleged breach in dispute. Failure to respond to the Demand Letter in one of these two manners within the allowed time period shall be considered a material breach of this CIA and shall be grounds for exclusion under section X.C.

2. *Timely Written Requests for Extensions.* HCA may submit a timely written request for an extension of time to perform any act or file any notification or report required by this CIA. Notwithstanding any other provision in this section, if OIG grants the timely written request with respect to an act, notification, or report, Stipulated Penalties for failure to perform the act or file the notification or report shall not begin to accrue until one day after HCA fails to meet the revised deadline set by the OIG. Notwithstanding any other provision in this section, if OIG denies such a timely written request, Stipulated Penalties for failure to perform the act or file the notification or report shall not begin to accrue until two business days after HCA receives OIG's written denial of such request. A "timely written request" is defined as a request in writing received by

OIG at least five business days prior to the date by which any act is due to be performed or any notification or report is due to be filed.

3. *Form of Payment.* Payment of the Stipulated Penalties shall be made by certified or cashier's check, payable to "Secretary of the Department of Health and Human Services," and submitted to OIG at the address set forth in section VI.

4. *Independence from Material Breach Determination.* Except as otherwise noted, these provisions for payment of Stipulated Penalties shall not affect or otherwise set a standard for the OIG's determination that HCA has materially breached this CIA, which decision shall be made at the OIG's discretion and governed by the provisions in section X.C, below.

C. Exclusion for Material Breach of this CIA

1. *Notice of Material Breach and Intent to Exclude.* The parties agree that a material breach of this CIA by HCA constitutes an independent basis for OIG to exclude HCA and/or any of its subsidiaries from participation in the Federal health care programs (as defined in 42 U.S.C. § 1320a-7b(f)). Upon a determination by OIG that HCA has materially breached this CIA and that exclusion should be imposed, the OIG shall notify HCA by certified mail of: (a) HCA's material breach; and (b) OIG's intent to exercise its contractual right to impose exclusion (this notification is hereinafter referred to as the "Notice of Material Breach Letter").

2. *Opportunity to Cure.* HCA shall have 30 days after receiving the Notice of Material Breach Letter to demonstrate to the OIG's satisfaction that:

- a. HCA is in full compliance with this CIA;
- b. the alleged material breach has been cured; or
- c. the alleged material breach cannot be cured within the 30-day period, but that: (i) HCA has begun to take action to cure the material breach; (ii) HCA is pursuing such action with due diligence; and (iii) HCA has provided to OIG a reasonable timetable for curing the material breach.

3. *Exclusion Letter.* If at the conclusion of the 30-day period, HCA fails to satisfy the requirements of section X.C.2, OIG may exclude HCA and/or any of its subsidiaries from participation in the Federal health care programs. OIG shall notify HCA in writing of its determination to exclude HCA and/or any of its subsidiaries (this letter shall be referred to hereinafter as the "Exclusion Letter"). Subject to the Dispute Resolution provisions in section X.D, below, the exclusion shall go into effect 30 days after the date of the Exclusion Letter. The exclusion shall have national effect and shall also apply to all other federal procurement and non-procurement programs. If HCA and/or any of its subsidiaries is excluded under the provisions of this CIA, HCA may seek reinstatement pursuant to the provisions at 42 C.F.R. §§ 1001.3001-3004.

4. *Material Breach.* A material breach of this CIA means:

- a. a failure by HCA to report a Reportable Event, take corrective action and pay the appropriate refunds, as provided in section III.H, provided that any of the following individuals at HCA had notice of the Reportable Event: an officer; a director; a Responsible Executive; an ECO; a member of the EC Department; or an attorney in the Legal Department;
- b. repeated or flagrant violations of the obligations under this CIA, including, but not limited to, the obligations addressed in section X.A of this CIA;
- c. a failure to respond to a Demand Letter concerning the payment of Stipulated Penalties in accordance with section X.B above; or
- d. a failure to retain and use an Independent Review Organization for review purposes in accordance with section III.D.

D. Dispute Resolution

1. *Review Rights.* Upon the OIG's delivery to HCA of its Demand Letter or of its Exclusion Letter, and as an agreed-upon contractual remedy for the resolution of disputes arising under the obligation of this CIA, HCA shall be afforded certain review rights comparable to the ones that are provided in 42 U.S.C. § 1320a-7(f) and 42 C.F.R. Part 1005 as if they applied to the Stipulated Penalties or exclusion sought pursuant to

this CIA. Specifically, the OIG's determination to demand payment of Stipulated Penalties or to seek exclusion shall be subject to review by an ALJ and, in the event of an appeal, the Departmental Appeals Board ("DAB"), in a manner consistent with the provisions in 42 C.F.R. §§ 1005.2-1005.21. Notwithstanding the language in 42 C.F.R. § 1005.2(c), the request for a hearing involving stipulated penalties shall be made within 10 days of HCA receiving the Demand Letter and the request for a hearing involving exclusion shall be made within 20 days of HCA receiving the Exclusion Letter.

2. *Stipulated Penalties Review.* Notwithstanding any provision of Title 42 of the United States Code or Chapter 42 of the Code of Federal Regulations, the only issues in a proceeding for stipulated penalties under this CIA shall be: (a) whether HCA was in full and timely compliance with the obligations of this CIA for which the OIG demands payment; and (b) the period of noncompliance. HCA shall have the burden of proving its full and timely compliance and the steps taken to cure the noncompliance, if any. If the ALJ finds for the OIG with regard to a finding of a breach of this CIA and orders HCA to pay Stipulated Penalties, such Stipulated Penalties shall become due and payable 20 days after the ALJ issues such a decision notwithstanding that HCA may request review of the ALJ decision by the DAB.

3. *Exclusion Review.* Notwithstanding any provision of Title 42 of the United States Code or Chapter 42 of the Code of Federal Regulations, the only issues in a proceeding for exclusion based on a material breach of this CIA shall be: (a) whether

HCA was in material breach of this CIA; (b) whether such breach was continuing on the date of the Exclusion Letter; and (c) whether the alleged material breach could not have been cured within the 30-day period, but that (i) HCA had begun to take action to cure the material breach within that period, (ii) HCA has pursued and is pursuing such action with due diligence, and (iii) HCA provided to OIG within that period a reasonable timetable for curing the material breach. For purposes of the exclusion herein, exclusion shall take effect only after an ALJ decision that is favorable to the OIG. HCA's election of its contractual right to appeal to the DAB shall not abrogate the OIG's authority to exclude HCA and/or any of its subsidiaries upon the issuance of the ALJ's decision. If the ALJ sustains the determination of the OIG and determines that exclusion is authorized, such exclusion shall take effect 20 days after the ALJ issues such a decision, notwithstanding that HCA may request review of the ALJ decision by the DAB.

XI. EFFECTIVE AND BINDING AGREEMENT

Consistent with the provisions in the Settlement Agreement pursuant to which this CIA is entered, and into which this CIA is incorporated, HCA and OIG agree as follows:

A. This CIA shall be binding on the successors, assigns, and transferees of HCA, consistent with the terms of Section IV;

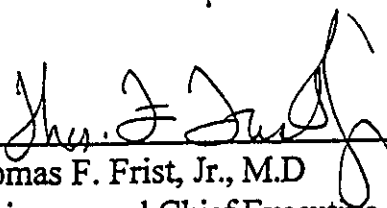
B. This CIA shall become final and binding on the date that the court(s) accept the plea(s) and impose a sentence in the criminal proceedings related to the plea agreement

entered into between HCA and the United States on or about the date of the signing of this CIA;

C. Any modifications to this CIA shall be made with the prior written consent of the parties to this CIA; and

D. The undersigned HCA signatories represent and warrant that they are authorized to execute this CIA. The undersigned OIG signatory represents that he is signing this CIA in his official capacity and that he is authorized to execute this CIA.

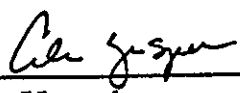
ON BEHALF OF HCA



Thomas F. Frist, Jr., M.D.
Chairman and Chief Executive Officer
HCA -- The Healthcare Company

12/12/00

DATE



Alan Yuspeh
Senior Vice President
Ethics, Compliance, and Corporate Responsibility
HCA -- The Healthcare Company

12/12/00

DATE

ON BEHALF OF THE OFFICE OF INSPECTOR GENERAL
OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Lewis Morris
Assistant Inspector General for Legal Affairs
Office of Inspector General
U. S. Department of Health and Human Services

DATE

ON BEHALF OF HCA


Thomas F. Frist, Jr., M.D.
Chairman and Chief Executive Officer
HCA -- The Healthcare Company

DATE

Alan Yuspeh
Senior Vice President
Ethics, Compliance, and Corporate Responsibility
HCA -- The Healthcare Company

DATE

ON BEHALF OF THE OFFICE OF INSPECTOR GENERAL
OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES



Lewis Morris
Assistant Inspector General for Legal Affairs
Office of Inspector General
U. S. Department of Health and Human Services

12/14/00
DATE

APPENDIX B**OVERPAYMENT REFUND****TO BE COMPLETED BY MEDICARE CONTRACTOR**

Date: _____
 Contractor Deposit Control # _____ Date of Deposit: _____
 Contractor Contact Name: _____ Phone _____
 # _____
 Contractor _____
 Address: _____
 Contractor Fax: _____

TO BE COMPLETED BY PROVIDER/PHYSICIAN/SUPPLIER

Please complete and forward to Medicare Contractor. This form, or a similar document containing the following information, should accompany every voluntary refund so that receipt of check is properly recorded and applied.

PROVIDER/PHYSICIAN/SUPPLIER NAME _____
 ADDRESS _____
 PROVIDER/PHYSICIAN/SUPPLIER # _____ CHECK
 NUMBER# _____
 CONTACT PERSON: _____ PHONE
 # _____ AMOUNT OF CHECK \$ _____ CHECK
 DATE _____

REFUND INFORMATION

For each Claim, provide the following:

Patient Name _____ HIC
 # _____
 Medicare Claim Number _____ Claim Amount Refunded
 \$ _____
 Reason Code for Claim Adjustment: _____ (Select reason code from list below. Use one reason per claim)

(Please list all claim numbers involved. Attach separate sheet, if necessary)

Note: *If Specific Patient/HIC/Claim #/Claim Amount data not available for all claims due to Statistical Sampling, please indicate methodology and formula used to determine amount and reason for overpayment:* _____

For Institutional Facilities Only:

Cost Report Year(s) _____

(If multiple cost report years are involved, provide a breakdown by amount and corresponding cost report year.)

For OIG Reporting Requirements:

Do you have a Corporate Integrity Agreement with OIG? _____ Yes _____ No

Reason Codes:

<u>Billing/Clerical Error</u>	<u>MSP/Other Payer Involvement</u>	<u>Miscellaneous</u>
01 - Corrected Date of Service	08 - MSP Group Health Plan Insurance	13 - Insufficient Documentation
02 - Duplicate an HMO	09 - MSP No Fault Insurance	14 - Patient Enrolled in
03 - Corrected CPT Code Rendered	10 - MSP Liability Insurance	15 - Services Not
04 - Not Our Patient(s)	11 - MSP, Workers Comp.(Including Black Lung	16 - Medical Necessity
05 - Modifier Added/Removed	12 - Veterans Administration	17 - Other (Please Specify)
06 - Billed in Error		_____
07 - Corrected CPT Code		

APPENDIX A
to
HCA Corporate Integrity Agreement

A. Claims Review.

1. *Definitions.*

- a. Claims Review: Any review procedure described in the CIA or the workplans that involves the review of bills, claims, or other submissions to any Federal health care program.
- b. Claims Review Sample: A statistically valid, randomly selected, sample of items selected for appraisal in a Claims Review.
- c. Item: Any discrete unit that can be sampled (e.g., code, line item, beneficiary, patient encounter, etc.).
- d. Overpayment: Consistent with the definition of Overpayment in section III.H.1.a of the CIA, the amount of money HCA has received in excess of the amount due and payable under any Federal health care program requirements. For the purposes of the workplans, any Claims Reviews, and all reporting to the OIG under this CIA, HCA shall not subtract or "net out" underpayments when determining the amount of relevant Overpayments.
- e. Gross Financial Error Rate: the total amount of overpayments divided by the total payment amounts received under Federal health care programs for the sample Items reviewed.
- f. Paid Claim: A code or line item submitted by HCA and for which HCA has received reimbursement from the Medicare program.
- g. Population: All Items for which HCA has submitted a code or line item and for which HCA has received reimbursement from the Medicare program (i.e., a Paid Claim) during the one year period covered by the Claims Review, unless a different period is specified in the appropriate workplan. To be included in the Population, an Item must have resulted in at least one Paid Claim.
- h. Probe Sample: A Claims Review Sample of a pre-determined number of Items selected through random sampling from the Population. The Probe Sample may be used for the purpose of determining whether to perform a Claims Review with

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a Full Sample, or for the purpose of estimating the mean and standard deviation of the Population (to calculate the minimum number of Items to be included in the Full Sample), or both. If the results from the probe sample already achieve the statistical confidence and precision parameters set forth in this Appendix A, then the Probe Sample results can be used as the Full Sample results and another sample will not be required.

i. Full Sample: A Claims Review Sample from which an overpayment amount can be projected to the total population of claims in question within the statistical confidence and precision parameters set forth in this Appendix A.

j. RAT-STATS: OIG's Office of Audit Services Statistical Sampling Software. RAT-STATS is publicly available to download through the Internet at "www.hhs.gov/oig/oas/ratstat.html."

2. *Description of Claims Review Methodology*. Each Claims Review shall be conducted in the manner set forth in the applicable workplans consistent with the CIA and this Appendix A.

a. Selection of Samples. Whenever a sample of anything, e.g., claims, beneficiaries, hospitals, is selected pursuant to the CIA or the workplans, the sample shall be selected through the use of the RAT-STATS "Random Numbers" function.

b. Confidence and Precision Requirements for Full Samples. To the extent that a workplan requires a Full Sample, it shall meet the following requirements (or alternatively, the full universe of Items may be reviewed). The Full Sample must contain a sufficient number of Items so that if the Overpayments identified in the Full Sample were projected to the Population, the projection would provide a 90% confidence level and a maximum relative precision (i.e., semi-width of the confidence interval) of plus or minus 25% of the point estimate. In other words, if the Full Sample Overpayment results were projected to the Population at a 90% confidence level, the confidence interval (expressed in dollars) must be sufficiently narrow that the upper bound of the confidence interval would not exceed 125% of the midpoint of the confidence interval (the point estimate), and the lower bound of the confidence interval would not be less than 75% of the midpoint of the confidence interval.

c. Probe Sample to Determine Whether to Review a Full Sample. Whenever a Probe Sample is required by a workplan to determine whether to conduct a review of a Full Sample, the determination shall be based upon the Gross Financial Error

Rate based on the estimated Overpayment identified in the Probe Sample. To the extent that a financial error threshold (such as 5%) is used for sample expansion, the threshold has no bearing on other matters (such as extrapolation of overpayments). Nothing in the CIA, this Appendix A, or the workplans relieves HCA of its responsibility to correct and repay Overpayments identified in a Probe Sample.

d. Probe Sample to Determine Sample Size for Full Sample. Whenever a Probe Sample is used to determine the sample size for a Full Sample, it shall meet the following criteria. The Probe Sample shall include a random sample of at least 50 Items. Once all Paid Claims associated with the Items included in the Probe Sample have been reviewed, the estimated mean and standard deviation of the Population shall be determined. This determination is based on the Overpayment amount received by HCA for each Item in the sample. The "Variable Appraisals" function of RAT-STATS shall be used to calculate the estimated mean and standard deviation of the Population. For purposes of estimating the mean and standard deviation of the Population, and entering this information into the "Variable Appraisals" function of RAT-STATS, any underpayment identified for a Paid Claim in the Probe Sample shall be treated as a zero overpayment. If no Overpayments are found in the Probe Sample, then the Claims Review can be terminated with the results of the Probe Sample, and the results of the Probe Sample shall be reported in lieu of the Claims Review of the Full Sample.

e. Calculation of Full Sample Size and Selection of the Full Sample. The estimates of the mean and the standard deviation of the Population obtained through the review of the Probe Sample shall be used to calculate the minimum size of the Full Sample. In order to determine the minimum number of Items that must be included in the Full Sample to meet the 90% confidence level and 25% precision requirements, RAT-STATS "Sample Size Estimators" (located under the "Utility Programs" file) shall be used. The Full Sample shall be a random sample from the entire Population, with the Population including those Items reviewed as part of the Probe Sample, so that all Items in the Population have an equal chance of inclusion in the Full Sample.

f. Item Appraisal. For each Item appraised (either as part of a Probe Sample or a Full Sample), only Paid Claims shall be evaluated. Every Paid Claim in the Claims Review Sample shall be evaluated to determine whether the claim submitted was correctly coded, submitted, and reimbursed. Each appraisal must be sufficient to provide all information required under the Claims Review Report.

g. Paid Claims without Supporting Documentation. For the purpose of appraising Items included in the Claims Review, any Paid Claim for which HCA cannot produce documentation sufficient to support the Paid Claim shall be considered an error and the reimbursement received by HCA for the unsupported portion of such Paid Claim shall be deemed an Overpayment. Replacement sampling for Paid Claims with missing documentation is not permitted.

h. Use of First Samples Drawn. For the purposes of all samples selected pursuant to the CIA and the workplans, the Paid Claims associated with the Items selected in the first sample (or first sample for each strata, if applicable) shall be used. In other words, it is not permissible to generate a number of random samples and then select one for use as a Probe Sample or Full Sample.

B. Claims Review Report. In addition to the information specifically required by the workplans, the following information shall be included in a Claims Review Report for each Claims Review performed:

1. *Claims Review Methodology*

a. Claims Review Objective: A clear statement of the objective intended to be achieved by the Claims Review.

b. Sampling Unit: A description of the Item as that term is utilized for the Claims Review.

c. Claims Review Population: A description of the Population subject to the Claims Review.

d. Sampling Frame: A description of the sampling frame, which is the totality of Items from which the Probe and Full Samples have been selected and an explanation of the methodology used to identify the sampling frame. In most circumstances, the sampling frame will be identical to the Population.

e. Sources of Data: A description of the documentation relied upon when performing the Claims Review (e.g., medical records, physician orders, certificates of medical necessity, requisition forms, local medical review policies, HCFA program memoranda, Medicare carrier or intermediary manual or bulletins, other policies, regulations, or directives).

f. Review Protocol: A narrative description of how the Claims Review was conducted and what was evaluated.

2. *Statistical Sampling Documentation*

- a. The number of Items appraised in the Probe Samples and in the Full Samples.
- b. A copy of the RAT-STATS printouts of the random numbers generated by the "Random Numbers" function.
- c. A copy of the RAT-STATS printouts of the "Sample Size Estimators" results used to calculate the minimum number of Items for inclusion in the Full Samples.
- d. A copy of the RAT-STATS printout of the "Variable Appraisals" function results for the Probe Samples.
- e. The Sampling Frame used in the Probe Samples and the Full Samples will be available to the OIG upon request.

3. *Claims Review Results*

- a. The total number and percentage of instances in which it was determined that the Paid Claim submitted by HCA ("Claim Submitted") differed from what should have been the correct claim ("Correct Claim"), regardless of the effect on the payment.
- b. Total number and percentage of instances in which the Claim Submitted differed from the Correct Claim and in which such difference resulted in an Overpayment to HCA.
- c. The total dollar amount of all Paid Claims in the Claims Review Sample and the total dollar amount of Overpayments associated with the Paid Claims identified by the Claims Review. (This is the total dollar amount of the Overpayments identified in section B.3.b above.)
- d. A spreadsheet of the Claims Review results that includes the following information for each Paid Claim appraised: Federal health care program billed, beneficiary health insurance claim number, date of service, procedure code submitted, procedure code reimbursed, allowed amount reimbursed by payor, correct procedure code, correct allowed amount, dollar difference between allowed amount reimbursed by payor and the correct allowed amount. (See Attachment 1 to this Appendix.)

4. ***Credentials.*** The names and credentials of the individuals who: (1) designed the statistical sampling procedures and the review methodology utilized for the Claims Reviews; and (2) performed the Claims Reviews.

HCA DRG WORKPLAN

I. INTRODUCTION

This workplan describes the review procedures that HCA—The Healthcare Company (the Company) and the Independent Review Organization (IRO) will be required to follow with respect to the Company's inpatient DRG coding processes. The focus of this testing will be to investigate outliers identified through a benchmarking process of certain Medicare inpatient DRG ratios.

In addition, the IRO will obtain an understanding of the Company's processes and controls that are designed to prevent and detect Federally funded payor inpatient DRG coding errors. The IRO and the Company will use this understanding of processes and controls to select the acute care hospitals to test in detail and subject, as appropriate, to record level DRG validation testing. The focus of the procedures will be on the Company's acute care hospitals' processes and controls designed to ensure compliance with DRG coding requirements.

II. CORPORATE FEDERALLY FUNDED PAYOR INPATIENT DRG COMPLIANCE RISK MANAGEMENT PROCESS

The IRO will begin its understanding of the Company's DRG coding compliance by understanding the process performed at the Corporate level. The focus will be on the Company's controls affecting the entire acute care hospital system. After gaining this understanding, the IRO and the Company will design agreed upon procedures which will allow the Company and the OIG to evaluate the effectiveness of the Corporate Compliance Risk Management Process. The key steps the IRO will follow to gain an understanding of the corporate compliance control environment include the following:

A. Understand the Federally Funded Payor Inpatient DRG Coding Compliance Process

The IRO will obtain an understanding of the regulatory environment, of key assumptions underlying DRG coding processes and the impact of changes on potential compliance risks to the Company. Procedures will include:

1. Interview the Corporate Ethics and Compliance Officer, SVP Government Programs, Health Information Management Services (HIMS) VP and other key personnel to:

- a. Understand how the Company evaluates risk and changes in the compliance environment.
 - b. Understand how these changes become integrated into the overall compliance strategy.
 - c. Understand how these changes are implemented in the acute care hospitals.
2. Read related documentation such as written assessments of changes in regulations.

B. Understand Federally Funded Payor DRG Coding Policies, Procedures, Tools and Resources

The IRO will understand how the Company establishes the DRG coding policies and procedures by performing the following procedures:

1. Read organizational charts to understand compliance infrastructure.
2. Read policy and procedure manuals and other tools and resources and compare to regulatory requirements.
3. Understand how the Federally funded inpatient DRG coding policies and procedures are established by interviewing the Corporate Ethics and Compliance Officer, SVP Government Programs, HIMS VP and other key personnel.
4. Read the Company's documentation regarding the process for creating, updating and distributing the policies and procedures.

C. Understand the Design and Implementation of Education and Training Control Processes

The IRO will understand how the Company ensures that DRG Coding personnel have the appropriate training and expertise to implement risk control processes by performing the following procedures:

1. Interview key personnel regarding the design and implementation of education and training processes.

2. Read training materials at the corporate and facility levels and compare to Company policies for content.
3. Select a random sample of HIMS coding personnel and determine if training requirements are being met.

D. Understand the Compliance Monitoring Function

The IRO will understand how the Company measures, monitors and assesses the performance of the compliance process by performing the following procedures:

1. Inquire as to the types of monitoring tools and plans that are in place to prevent and detect non-compliance.
2. Understand and observe benchmarking techniques utilized by the Company in identifying outliers for subsequent testing.
3. Read a random sample of interim monitoring reports.
4. Review a random sample of implementation plans for process improvements and error correction.
5. Read the findings of a random sample of the Company DRG coding reviews.

E. Understanding the Information Technology Framework

The IRO will identify the electronic data processing systems that are used to process data relevant to the DRG coding practices. The IRO shall gain an understanding of the control environment over these systems related to:

1. Access to critical data.
2. Security over data and critical applications.
3. Application and program change controls.

F. Understand the Process for Corrective Action

The IRO will understand how the Company's procedures for ensuring that non-compliance within the DRG coding process is addressed by performing the following procedures:

1. Interview key personnel regarding the process for reporting errors and creating action plans.
2. Determine that action plans were prepared and select a random sample of 5 action plans and incorporate into the design of detailed testing procedures.
3. Read the Company's recommendations for process improvements to prevent potential future non-compliance and integrate into the design of detailed tests.

III. BENCHMARKING AND COMPLIANCE REVIEWS OF MEDICARE INPATIENT DRG OUTLIERS

The Company and IRO will perform coding engagement procedures upon completion of the Corporate level process testing as follows:

A. Benchmarking of Medicare Inpatient DRG Outliers

1. The Company will benchmark its acute care hospitals' Medicare inpatient DRGs against industry peer groups for 17 Medicare Inpatient DRG ratios for the immediately preceding calendar year each January. The DRG ratios to be benchmarked will be agreed upon by the OIG and the Company at the end of each calendar year. Unless the OIG notifies the Company otherwise, the Company will benchmark the 17 Medicare DRG ratios listed in Attachment A. (If the Company proposes to amend the list of DRG ratios to be benchmarked, it shall provide notice to the OIG of the proposed DRG ratios at least 90 days before the end of the calendar year.) The benchmarking will be performed as follows:

- a. Each January, the most recently available MedPar data, comprised of all non-HCA hospitals, will be used to determine non-HCA DRG ratio benchmarks and case counts.

- b. The definition of non-HCA acute care hospitals which will be used to determine the non-HCA Medicare DRG ratios is those acute care hospitals that the Company did not own during the timeframe that is represented in the MedPar data being used. For example, if an acute care hospital had been owned by the Company in 1999 but was sold during 2000, this acute care hospital would be included as an HCA acute care hospital and excluded as a non-HCA acute care hospital for the benchmarks that are based on MedPar 1999 data.
- c. Each January, internal Company data from the twelve months of the just-completed calendar year will be used to determine the acute care hospitals' ratios and the case counts used in the benchmarking process.
- d. The industry Medicare DRG ratio benchmarks will be calculated as the national 75th percentile.
- e. Each acute care hospital's Medicare DRG ratio results will be compared to the industry Medicare DRG ratio benchmarks and those Medicare DRG ratio results in excess of the industry Medicare DRG ratio benchmark will be identified.
- f. For each of the 17 DRGs in the numerator of a DRG ratio, the national 90th percentile of case counts for non-HCA acute care hospitals will be determined using MedPar data.
- g. For each of the Medicare DRG ratios over the benchmark identified in section III.A.1.e., at a particular acute care hospital, it will be determined if the case count for that DRG at that acute care hospital is at or above the national 90th percentile of case counts for that DRG among non-HCA hospitals.
- h. Subject to the following provisions, an acute care hospital shall be identified for further review if it has at least 2 of the 17 DRG ratios over the industry benchmark and the case count for these DRGs is at or above the national 90th percentile of case counts for that DRG among non-HCA hospitals.

- i. The hospitals that meet the criteria in section III.A.1.h shall be ranked based on the number of "primary" (non-cc) DRG ratios that are over the industry benchmark at that hospital, regardless of the case counts for these DRGs, e.g., a hospital that has 4 primary DRG ratios over the industry benchmark would be ranked higher than a hospital that has 3 primary DRG ratios over the industry benchmark.
 - j. The 20 highest ranked hospitals shall be selected for DRG review. If fewer than 20 hospitals are ranked, then all of the ranked hospitals will be selected for review. If fewer than 16 hospitals are ranked, then the highest ranked hospitals will be reviewed along with the unranked hospitals with the highest case counts of DRGs above the industry benchmarks in order to ensure that at least 16 hospitals are reviewed. In no event shall fewer than 16 hospitals be reviewed.
 - k. The hospitals to be reviewed under this analysis shall be reviewed over the four quarters of the calendar year.
- 2. The IRO will verify that current Company data is the source for establishing the Company's Medicare DRG ratios that will be benchmarked.
 - 3. The IRO will verify that the most recent MedPar data as described in section III.A.1.a-b, comprised of all non-HCA acute care hospitals is the source for establishing industry Medicare DRG ratio benchmarks and case counts and will annually recompute the industry peer group Medicare DRG ratio benchmarks and case counts utilized by the Company.
 - 4. Each February (or the month after any benchmarking takes place), the IRO will obtain current Company data and recalculate benchmarking on a random sample of at least 10% of the Company's hospitals. For example, if the number of acute care hospitals owned was 220, a minimum of 22 acute care hospitals Medicare DRG ratio results would be reviewed (220 acute care hospitals X 10% = 22 acute care hospitals to be tested).

B. DRG Claims Review of Outliers

1. For those hospitals selected for review in section III.A.1.j above, the Company will perform a DRG Claims Review of a Full Sample (as described in Appendix A to the CIA) of the higher weighted DRG for each DRG ratio above the benchmark. For the purpose of a Claims Review under this audit work plan, the Items to be reviewed shall be the paid inpatient Medicare bills for the DRGs in question. The Claims Review of each Item shall include an independent code validation of the medical record to assess the accuracy of the diagnosis and procedure codes, financial class, discharge disposition, sex, age, and DRG assignment. The Population of Claims to be reviewed in each Claims Review shall be the Items from the rolling 12-month period immediately preceding the Claims Review.
2. If a Probe Sample is conducted pursuant to Appendix A and that Probe Sample meets the statistical parameters set forth in Appendix A for Full Samples, e.g., the 90% confidence level and 25% precision requirements, then the Company may treat the Probe Sample as the Full Sample for that DRG. Wherever a DRG Claims Review of a Full Sample is required, the Company may choose to review 100% of the claims in the universe rather than selecting a sample.
3. The IRO will verify the benchmarking approach, e.g., acute care hospitals identified, case counts, subsequent review methodology (probe or universe) and the Company's Medicare DRG Claims Review results.
4. The IRO will select a random sample of at least 10% of the medical records included in the Medicare DRG Claims Reviews performed by the Company and re-perform the Company's workplan steps. Findings will be summarized in the IRO's Report. For example, if the Company reviewed 20,000 files, the IRO would reperform reviews of 10% or 2,000 files.

IV. ACUTE CARE HOSPITAL LEVEL FEDERALLY FUNDED PAYOR INPATIENT DRG COMPLIANCE PROCESS REVIEW

A. Overall Acute Care Hospital Assessment

1. The Company will annually complete and maintain a DRG risk and controls profile for each acute care hospital. The profile will contain indicators including:

- Number of Medicare outlier DRGs
- Accuracy results of Federal health care program inpatient DRG coding reviews
- Percentage increase in Medicare Case Mix Index
- Percentage of Medicare complications and co-morbidities ("CC's")
- Implementation of Company Coding Policies and Procedures
- Turnover of certain hospital management and coding personnel
- Existence of internal quality assessment monitoring program
- Coding staff fulfillment of continuing education requirements

(See Attachment B for the DRG Risk and Controls Profile.)

2. Based on the results of step IV.A.1, the Company will gain an understanding of the acute care hospital's compliance and control environment and identify the "higher" risk acute care hospitals for further detailed process and controls testing based on the risk score determined using the profiles. The profile will consist of a series of indicators that will be assigned points. Each of the criteria in the risk and controls profile will be worth a certain number of points as indicated in Attachment B.

3. At a minimum, the Company will annually test (as outlined in sections IV.B and C, below) a minimum of 10% of its acute care hospitals or 22 hospitals, whichever is greater, (but in no event shall the Company be required to test more than 15% of its acute care hospitals annually under this provision) that will include at least 2/3 "higher risk" acute care hospitals and 1/3 randomly selected "lower risk" acute care hospitals.

a. The acute care hospitals with the lowest scores from the risk profiling described in step 2, other than those acute care hospitals tested in step III.B above will be considered "higher risk."

b. The "lower risk" acute care hospitals will be a random selection of the remaining acute care hospitals not selected in step IV.A.3.a above and not tested in step III.B.

4. The IRO will:

a. Read the Company's DRG risk and controls profiles.

- b. Compare the information contained in this profile for a random sample of at least 10% of the Company's acute care hospitals to source documents and recompute their overall risk score. For example, if the Company owned 220 acute care hospitals, this would include a minimum of 22 acute care hospitals.
 - c. Compare the Company's identification of the "higher" risk acute care hospitals to the acute care hospital sample population based on the computed risk score.
5. For the acute care hospitals selected for detailed review in steps IV.A.1 through 3 above, steps IV.B and C, outlined below, will be performed.
6. The hospitals to be reviewed under this analysis shall be reviewed over the four quarters of the calendar year.

B. Understand the DRG Coding Process and Controls

1. The Company will obtain an understanding of the compliance controls and the Federal health care programs inpatient DRG Coding processes operating at each acute care hospital identified in section IV.A by performing the following procedures:
- a. Interview acute care hospital personnel.
 - b. Read documentation at the acute care hospital level that supports the DRG coding process.
 - c. Observe the use of various tools and materials provided to the acute care hospitals from Corporate.
 - d. Determine if coding training requirements are being met for acute care hospital inpatient DRG coding personnel.
 - e. Document the process and significant control points in the workpapers.
2. The Company will compare the process at each acute care hospital identified in section IV.A.3 process to the model process from Corporate (reviewed in Section

II above) and identify any control gaps or points within the processes for the acute care hospitals selected that may result in non-compliance. Where primary controls are not properly implemented as outlined in the model process from Corporate, the Company will review documentation to determine if any secondary controls exist to reduce the risk of inaccurate Federal health care program inpatient DRG assignment.

3. The Company will perform procedures for the acute care hospitals identified in section IV.A.3 above that focus on the control gaps and key control points identified in step IV.B.2. Procedures will include inquiry, observation of process steps, and testing of supporting information relating to the following:

- a. Controls regarding the physician documentation in the inpatient medical record.
- b. Inpatient medical record completion.
- c. Encoder use for DRG assignment.
- d. Code editing and submission on Federal health care program inpatient DRGs.

4. The IRO will:

- a. Read all documentation prepared by the Company in steps IV.B.1-3 above.
- b. Jointly perform the steps above for a random selection of at least 10% of the acute care hospitals to be tested. For example, if the Company tested 22 acute care hospitals, the IRO would jointly perform testing at 3 of the acute care hospitals.
- c. Perform the Company's workplan steps on a random sample selected by the IRO of at least 10% of the acute care hospitals to be tested. For example, if the Company tested 22 acute care hospitals, the IRO would perform testing at 3 of the acute care hospitals.

C. Testing of Federal Health Care Program Payor Inpatient DRG Coding Process Controls

The Company will test the controls for the Company's acute care hospitals as identified in step IV.A to determine if the controls are operating effectively to reduce the compliance risk associated with the Federal health care program DRG coding process. The Company will review a sample of Federal health care program inpatient DRG medical records to test the overall controls at the acute care hospitals selected in step IV.A for testing as follows:

1. The Company will perform a Claims Review of a Probe Sample of at least 30 inpatient Federal health care program DRG bill (Item) from the rolling 12-month period immediately preceding the review at each selected acute care hospital. The Claims Review of each Item shall include an independent code validation of the medical record to assess the accuracy of the diagnosis and procedure codes, financial class, discharge disposition, sex, age, and DRG assignment. Based on the results of this testing, the Company will determine whether a Claims Review of a Full Sample is required as follows:

- a. If the Probe Sample results indicate a gross financial error rate of less than 5%, no further testing will be performed.
- b. If the Probe Sample results indicate a gross financial error rate of 5% or more, the Company will conduct a Claims Review of a Full Sample of Federal health care program DRG claims from the CIA year at each acute care hospital in accordance with Appendix A.

2. The IRO will:

- a. Read the Company's documentation regarding the review results and determine whether the appropriate reviews, including Probe Sample and Full Sample Claims Reviews, were performed based on the criteria outlined above, the CIA, and Appendix A.
- b. Select a random sample of at least 10% of the acute care hospitals reviewed by the Company in section IV.C and reperform the testing described above.

- c. Perform testing on the acute care hospitals the IRO reviewed in section IV.B.
- d. Read the documentation of the DRG Claims Reviews noting completion of all workplan steps.
- e. Recompute a random sample of the extrapolations of error rates resulting from the Claims Reviews of Full Samples performed by Company.

V. TREATMENT OF REVIEWS IN FIRST YEAR

Notwithstanding the other provisions of this workplan, the Company may choose to conduct the reviews in the first year after the effective date of the CIA in the following manner.

- A. The quarterly reviews shall cover Items related to the time period from January 1, 2001, to the date of the review (rather than always relating to the full preceding 12-month time period as is required in other years).
- B. At least 25% of each type of review conducted (e.g., those conducted pursuant to section III and those conducted pursuant to section IV) shall cover the preceding 12-month period.
- C. At least 25% of each type of review conducted (e.g., those conducted pursuant to section III and those conducted pursuant to section IV) shall cover the preceding 9-month period.
- D. The remaining reviews (those not described in sections V.B and C above) shall include the preceding 6-month period.

VI. NOTIFICATION OF SELECTED ACUTE CARE HOSPITALS

The Company and the IRO will ensure that information about which acute care hospitals are subject to review under this work plan will not be disclosed to personnel at the acute care hospitals until notice is necessary to make arrangements to conduct on-site review processes required in the work plan, but in no event earlier than four weeks prior to commencement of such review.

VII. REPORTING

Upon completion of all testing of process controls, Medicare benchmarking and testing of Federal health care program DRG coding engagement procedures, the Company will quantify the results and findings and will report to the OIG. The Company's report will include the following:

A. The information required for the Claims Review Report in Appendix A.

- Claims Review Objective
- Sampling Unit: DRG
- Claims Review Population
- Sampling Frame
- Sources of Data
- Review Protocol
- Statistical Sampling Documentation
- Claims Review Results
- Credentials

B. The results of testing the Company's Federal health care program inpatient DRG coding operations (including, but not limited to, the operation of the coding system, strengths and weaknesses of the system, internal controls, effectiveness of the system).

C. The Company's procedures to correct inaccurate DRG assignment or reporting to Federal health care programs.

D. The steps the Company is taking to bring its operations into compliance or to correct problems identified by any of the reviews described above.

The IRO will read the Company's results and findings reported to the OIG and issue a report that enumerates the procedures performed and the findings for each procedure.

The IRO will report the results of all reperformed work required in the DRG Work Plan. Based on the review results, the IRO will make appropriate recommendations for improvement of Company practices.

HCA DRG Workplan 17 Medicare DRG Ratios to be Benchmarked in Year One			
76	82	$76/(76+82)$	Primary Medicare DRG
79	89	$79/(79+89)$	Primary Medicare DRG
87	88, 127	$87/(87+88+127)$	Primary Medicare DRG
89	90	$89/(89+90)$	CC Medicare DRG
121	122	$121/(121+122)$	CC Medicare DRG
124	125	$124/(124+125)$	CC Medicare DRG
132	140, 143	$132/(132+140+143)$	Primary Medicare DRG
138	139	$138/(138+139)$	CC Medicare DRG
148	149	$148/(148+149)$	CC Medicare DRG
174	175	$174/(174+175)$	CC Medicare DRG
182	183	$182/(182+183)$	CC Medicare DRG
197	198	$197/(197+198)$	CC Medicare DRG
210	211	$210/(210+211)$	CC Medicare DRG
296	297	$296/(296+297)$	CC Medicare DRG
316	127	$316/(316+127)$	Primary Medicare DRG
416	320, 277	$416/(416+320+277)$	Primary Medicare DRG
475	(Total # cases for all Medicare DRGs)	$475/\text{Total Medicare Discharges}$	Primary Medicare DRG

Attachment A to DRG workplan
HCA CIA

C.104

**HCA ACUTE CARE HOSPITAL DRG RISK
AND CONTROLS PROFILE**

1. **Benchmarking** The results of the Benchmarking of Medicare DRG ratios performed in section III of the workplan, using no case count thresholds, will be used as a component to determine "higher risk" facilities. Scores will be awarded based on the number of times a hospital's DRG ratios are over the benchmark (i.e., "outliers") as follows:

10 or more outliers	0 points
9 outliers	3 points
8 outliers	6 points
7 outliers	9 points
6 outliers	12 points
5 outliers	15 points
4 outliers	17 points
3 outliers	19 points
2 outliers	21 points
1 outliers	23 points
0 outliers	25 points

2. **Accuracy Reviews** The results of the most recently performed Medicare, Medicaid, and/or CHAMPUS/TriCare Inpatient DRG accuracy reviews relating to coding will be used to award points based on the % of accuracy achieved are as follows:

98% or better	30 points
95%-97%	20 points
90%-94%	10 points
86%-89%	0 points
80%-85%	-5 points
Less than 80%	-10 points

3. Percentage Increase in Medicare CMI A hospital will receive 15 points if the percent increase in the Medicare Case Mix Index, compared to the prior year, is less than the mean plus 1 standard deviation. The hospital will receive 0 points if the percent increase in the Medicare Case Mix Index, compared to the prior year, is greater than the mean plus 1 standard deviation. (NOTE: the mean and standard deviation will be calculated using the hospital's most recent 8 quarters Medicare Case Mix Index results.)

4. Medicare CC% A hospital will receive 20 points if their Medicare CC% is below the National 75th percentile. The hospital will receive 0 points if their Medicare CC% is above the National 75th percentile.

5. Policy Implementation The Hospital will lose 2 points for each of the following policies that it has not implemented.

HIM COD 001 – Coding Documentation Policy for Inpatient Services
HIM COD 003 – Coding References and Tools
HIM COD 004 – Coding Help Line
HIM COD 005 – Coding Orientation and Training
HIM COD 006 – Coding Continuing Education Requirements

6. Turnover Deductions will be made for turnover in the following positions over the prior year.

CEO	-2 points
CFO	-2 points
ECO	-2 points
Coding Manager/Lead Coder	-5 points
HIMS Director	-5 points
Inpatient Coders	-5 points (up to a maximum of 15 points)

7. Quality Assessment 10 points will be added if the hospital currently has an internal quality assessment monitoring program for coding accuracy and productivity in place. (This would also include quality assessment monitoring outsourced to external vendors sub-contracted by the hospital, but not Corporate HIMS.)
8. Continuing Education Deduct points based on the percentage of the hospital's inpatient coding staff that has met their 30 hours of continuing education and other training requirements during the prior year.

<u>Percentage of Staff that has met requirements</u>	<u>Points added or (deducted)</u>
100%	0
96-99%	-2
91-95%	-4
86-90%	-6
81-85%	-8
75-80%	-10
75% or less	-15

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HCA - The Healthcare Company.
OUTPATIENT LABORATORY WORKPLAN

I. INTRODUCTION

This workplan describes the review process that HCA – The Healthcare Company (the “Company”) and the Independent Review Organization (“IRO”) will follow with respect to testing the Company’s Outpatient Laboratory (“Lab”) billing process related to Medicare, Medicaid and other federally funded payors.

The IRO will gain an understanding of the Company’s processes and controls that are designed to prevent and detect billing errors. The Company and IRO will use their understanding of processes and controls to select which hospitals to review in detail. The focus of the procedures will be on the Company and hospitals’ processes and controls designed to ensure compliance with Outpatient Laboratory billing requirements.

II. OUTPATIENT LABORATORY BILLING CORPORATE COMPLIANCE PROCESS

The IRO will begin its understanding of the Company’s Outpatient Laboratory billing compliance by understanding the process performed at the Corporate level. The focus will be on the Company’s controls affecting the hospitals. After gaining this understanding, the IRO and the Company will design agreed upon procedures which will allow the Company and the OIG to evaluate the effectiveness of the Corporate Compliance Infrastructure. Focusing on the Company’s infrastructure, processes, controls, and monitoring systems, the IRO will:

A. Understand Outpatient Laboratory Billing Compliance Process

The IRO will understand the Company Outpatient Laboratory Billing Compliance Plan (“Plan”) which is based on the OIG’s Clinical Laboratory Compliance Program Guidance (OIG-CPG). The following interviews/reviews will be performed to understand the implementation of the Plan designed to mitigate risk and achieve compliance:

1. Read organizational charts and understand outpatient laboratory billing compliance infrastructure.
2. Interview the Corporate Ethics and Compliance Officer, VP Governmental Operations Support (GOS) and other key personnel to:
 - Understand the strategy and process used to create the Plan.

- Understand the process used to review and revise the Plan, including laboratory billing policies and procedures.
- 3. Compare the Plan to the OIG-CPG, identify variations and determine if these variations have a significant impact on compliance.
- 4. Understand the process used to implement changes and revisions to the Plan and how they are communicated to the hospitals.
- 5. Read training plans developed at corporate level and understand how they are implemented at the hospital level. Identify critical areas not covered by such training.
- 6. Understand the use and role of the corporate preferred electronic billing vendor and corporate defined edits through discussions with GOS VP, Director, Monitoring and other key personnel.

B. Review Outpatient Laboratory Billing Compliance Plan Controls

The IRO will understand how the Company ensures that controls are in place that support the Plan in order to reduce compliance risk, identify laboratory overpayments, and repay the appropriate payors. Procedures to gain this understanding include:

- 1. Compare the Company suite of electronic billing vendor edits to GOS outpatient laboratory policies which incorporate regulatory requirements. Check for validity of all HCPCS/CPT codes and identify variances.
- 2. Read and/or observe the Company's quality control process for established electronic billing vendor edits and determine if any defined edits referenced in Section B.1. above are missing or not operating correctly.
- 3. Understand the process of accessing and revising the application and maintenance of the Company's standardized Laboratory chargemaster and the process qualified personnel use to access and update the chargemaster.
- 4. Review the results of the assessment performed by an external review organization of the Company's standardized Laboratory chargemaster.
- 5. Read selected training programs and related materials to assess implementation and consistency with regulations.

6. Select a sample of 10 hospitals from the corporate compliance training database and test for hospital attendance/participation.

7. Understand the Company's efforts to keep abreast of new federal laboratory billing rules and changes and understand how the Company informs its hospitals to conform their billing processes and controls to such a change(s).

8. Determine whether changes in new federal laboratory billing rules and requirements have been incorporated into GOS outpatient laboratory billing policies.

C. Understand Outpatient Laboratory Billing Compliance Monitoring Function

The IRO will understand how the Company measures, monitors and assesses the performance of the compliance process through the following procedures:

1. Interview the Corporate Ethics and Compliance Officer, GOS and other key personnel.
2. Identify the types of monitoring plans, tools and reports that are in place to prevent and detect non-compliance.
3. Review a representative sample of 10 results of monitoring activities from 10 hospitals, including corrective action plans. Compare the action taken to appropriate billing rules and regulations and identify any non-conformance.
4. Compare plans, tools, and reports to rules, regulations and policies, identify variances and make recommendations for additional tools to facilitate monitoring activities.

D. Summarize the Outpatient Laboratory Billing Compliance Process

The IRO will summarize its procedures and findings from sections II.A through C outlined above to allow the OIG and the Company to evaluate the following:

1. Whether the established outpatient laboratory infrastructure is successfully designed to comply with relevant regulations.
2. Whether the Company's existing processes, controls and monitoring activities address major areas of outpatient laboratory compliance risk.

3. Whether controls may not exist in certain areas to reduce risk to an appropriate level.
4. The IRO will review with and make recommendations to Company management for improvements to the infrastructure, including processes, controls, and monitoring activities.

III. OUTPATIENT LABORATORY BILLING HOSPITAL LEVEL COMPLIANCE PROCESS REVIEW

A. Test of Laboratory Billing Process Controls

1. As part of the Company's monitoring program, the Company will implement appropriate procedures and tools to ensure proper CPT/HCPCS coding and billing of tests by performing the following procedures:
 - a. Apply HCFA's National Correct Coding Initiative (NCCI) edits included in HCFA's Outpatient Code Editor (OCE) to the Company's Medicare outpatient laboratory billing and test actual claims data for bundling, billing of mutually exclusive codes and comprehensive/component codes simultaneously.
 - b. Adopt a standard laboratory chargemaster and assess the hospitals' adoption in full of the Company standard.
 - c. Implement edits to prevent duplicate charges on the same claim .
 - d. Analyze frequency of potential add-on tests, by utilizing benchmarks from HCFA's non-HCA industry data to compare each hospital's use of the six most common tests that are billed with chemistry, organ or blood gas panels to the appropriate industry benchmark for Medicare only. Use results to identify hospitals for further review.
 - e. Analyze and institute corrective action plans for significant compliance issues identified.
 - f. Assess if Company has taken appropriate steps to ensure overpayments are returned to the payor.
 - g. Create a compliance risk profile for each hospital that summarizes the hospital's:

- Accuracy rates of outpatient laboratory billing audits;
- Use of the six most common tests that are billed with chemistry, organ or disease, hematology or blood gas panels;
- Adoption of the standardized laboratory chargemaster;
- Training and education efforts for applicable personnel;
- Frequency of Billing Compliance Committee meetings; and
- Appropriate development of action plans;

(See Attachment A for a copy of the Risk Profile.)

2. The IRO will:

- a. Select a 10% random sample of risk profiles outlined in step III.A.1.g. and compare the information contained in these profiles to source documents.
- b. Reperform the benchmarking process as outlined in step III.A. 1.d. above for a random sample of at least 10% of the hospitals.
- c. Select a random sample of 30 outpatient laboratory overpayments and confirm that overpayments discovered by the Company were promptly repaid to the appropriate payor.

B. Understand and Review the Outpatient Laboratory Billing Compliance Process and Controls

1. Using the results of section III.A, the IRO and the Company will gain an understanding of the hospital compliance and control environment and identify the "higher" risk hospitals for further process and control review. The Company will select the higher risk hospitals for detailed process and control testing based on the risk profile outlined in section III.A.1.g. The risk profile will consist of a series of statistical measures as well as process and controls assessment consisting of 100 points.
2. At a minimum, the IRO will annually test (as outlined in steps III.B.2 through 7 below) a minimum of 10%, but no less than 20, of the Company's hospitals including at least 2/3 "higher risk" facilities and 1/3 randomly selected "lower risk" hospitals.

- Accuracy rates of outpatient laboratory billing audits;
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- b. Reperform the benchmarking process as outlined in step III.A. 1.d. above for a random sample of at least 10% of the hospitals.
- c. Select a random sample of 30 outpatient laboratory overpayments and confirm that overpayments discovered by the Company were promptly repaid to the appropriate payor.

B. Understand and Review the Outpatient Laboratory Billing Compliance Process and Controls

1. Using the results of section III.A, the IRO and the Company will gain an understanding of the hospital compliance and control environment and identify the "higher" risk hospitals for further process and control review. The Company will select the higher risk hospitals for detailed process and control testing based on the risk profile outlined in section III.A.1.g. The risk profile will consist of a series of statistical measures as well as process and controls assessment consisting of 100 points.
2. At a minimum, the IRO will annually test (as outlined in steps III.B.2 through 7 below) a minimum of 10%, but no less than 20, of the Company's hospitals including at least 2/3 "higher risk" facilities and 1/3 randomly selected "lower risk" hospitals.